

Traumatic stress can make ordinary life feel unpredictable from the inside. A person may look composed at work, answer messages, take children to school, show up for family obligations, and still be carrying a nervous system that feels braced for danger. For some, the distress is tied to a single event. For others, it is connected to repeated experiences that were frightening, violating, or overwhelming. What often brings people to therapy is not only the memory of what happened, but the way it keeps echoing through sleep, relationships, concentration, mood, and the body's sense of safety.

Trauma therapy is one way people seek help for traumatic stress. At its best, it is not about forcing someone to "get over it" or retell painful events before they are ready. It is a structured, respectful mental health service provided by a trained professional who understands how distress can persist after trauma and how psychological treatment can support recovery. Evidence-based psychotherapy can reduce symptoms of depression, anxiety, and other mental health concerns, and trauma-focused care draws on that broader foundation while attending carefully to safety, pacing, and the effects of overwhelming experience.

A psychology-based overview matters because trauma is often misunderstood. People may blame themselves for reactions that are better understood as signs of stress, fear, and adaptation. They may also delay care because they imagine therapy as endless talking without direction, or as a place where they will lose control of the story. In reality, good trauma therapy is usually more collaborative, measured, and practical than many people expect.

## **What traumatic stress means in real life**

Traumatic stress refers to the psychological and emotional strain that can follow traumatic experiences. The word "trauma" is sometimes used casually, but in mental health care it points toward experiences that overwhelm a person's ability to cope at the time. The aftermath may be immediate, delayed, or uneven. Some people feel shaken right away and seek help within weeks. Others keep functioning for years, then notice that a new loss, conflict, medical event, or life transition stirs up reactions they thought were long buried.

The experience of traumatic stress is not identical for everyone. One person may feel anxious and vigilant. Another may feel emotionally flat, detached, or depressed. Someone else may move between both states, tense and alert one day, exhausted and numb the next. Trauma can narrow a person's world. They may avoid places, conversations, news stories, smells, sounds, or physical sensations that remind them of what happened. Avoidance can bring short-term relief, which is one reason it becomes so hard to loosen. Yet over time, a life built around avoidance can become smaller, lonelier, and more tiring.

A common misunderstanding is that traumatic stress only "counts" if a person develops post-traumatic stress disorder. PTSD is an important mental health condition and a major area of psychology, but trauma-related distress can still deserve care even when a person does not meet every criterion for a specific diagnosis. Therapy is not reserved for the most severe cases. A person does not need to prove that their pain is bad enough before they are allowed to ask for help.

In a therapy room, traumatic stress often shows up in indirect ways. A client may begin by saying, "I'm just anxious all the time," or "I don't know why I can't sleep," or "I keep snapping at people I love." Someone seeking depression therapy may describe low energy, guilt, and disconnection, then later recognize how those feelings relate to earlier experiences. Another person may come for anxiety therapy because panic or fear has started to shape daily decisions. Trauma therapy often overlaps with these concerns because traumatic stress rarely stays neatly in one category.

# The role of psychotherapy in traumarecovery

Psychotherapy is a treatment provided by trained, licensed professionals. In the United States, that may include clinical psychologists, psychiatrists, counselors, social workers, and psychiatric nurses. Each discipline has its own training path and scope of practice, but the shared purpose of psychotherapy is to help people address mental health concerns through structured psychological care.

A psychologist is typically a doctoral-level mental health professional, often with a PhD, PsyD, or EdD. Psychologists can provide psychological counseling and other mental health services, and may also be involved in assessment, research, and teaching. They are not medical doctors, although they can evaluate and treat mental health problems such as depression. Licensure is regulated by state psychology boards, and those boards exist to protect public welfare by setting standards for the practice of psychology.

These distinctions are more than professional trivia. When someone is looking for trauma therapy, they are often vulnerable, tired, and unsure whom to trust. Understanding credentials can help. A licensed psychologist may be a good fit for people who want psychological assessment, therapy grounded in psychological science, or support with complex patterns involving trauma, anxiety, depression, and relationships. Other **Therapy for women** licensed professionals may also provide psychotherapy, and many people receive excellent trauma care from counselors, social workers, psychiatrists, or psychiatric nurses. The important point is that trauma therapy should be delivered by someone properly trained, licensed, and working within their professional scope.

Psychotherapy for traumatic stress is not one single technique. It is a broad category of care, and the approach should match the person's needs, readiness, symptoms, and goals. Some therapy focuses first on stabilization, which may **Psychologist** include understanding triggers, improving coping, and restoring a sense of control. Some therapy focuses on processing traumatic memories and reducing the grip they hold. Some care addresses depression, anxiety, grief, identity, or relationship patterns that developed around the trauma. Often, effective treatment involves more than one of these pieces.



## **Safety, pacing, and trust**

Trauma therapy depends on pacing. A therapist who rushes too quickly into painful material can leave a client feeling exposed or overwhelmed. A therapist who avoids the trauma entirely may offer comfort without helping the person move forward. The art is in judging what the client can work with today, not what an abstract treatment plan says should happen by session three.

Many people arrive in therapy expecting judgment. They may worry that a psychologist will question why they stayed, why they froze, why they did not remember every detail, why they still care about someone who hurt them, or why they are not “better” by now. A trauma-informed therapist should understand that people respond to overwhelming situations in complicated ways. Therapy works best when the client does not have to defend the reality of their distress.

Trust usually builds through small moments. The therapist remembers what matters. They ask before moving into sensitive territory. They explain why a question is relevant. They notice when the client’s breathing changes or when the room feels too quiet. They do not treat tears as failure or numbness as resistance. Over time, this kind of careful attention helps therapy become a place where the nervous system can stop preparing for attack and begin to tolerate reflection.

Pacing is especially important when trauma overlaps with depression or anxiety. Depression can make therapy feel pointless, as if nothing could possibly help. Anxiety can make therapy feel dangerous, as if speaking certain words will unlock something unmanageable. A skilled clinician respects both reactions while still helping the client take workable steps. Sometimes progress looks like telling the full story. Sometimes it looks like being able to sleep after a hard session, return to work the next morning, or say no to a conversation that would normally trigger a spiral.

# Evidence-based approaches and what they are trying to change

Evidence-based psychotherapies can reduce symptoms of depression, anxiety, and other mental disorders. That does not mean every therapy works the same way for every person. It means that certain approaches have been studied and are used because they have a defensible clinical rationale and demonstrated benefit for many people.

Cognitive behavioral therapy, often called CBT, is one well-known family of psychotherapy approaches. Exposure therapy, a type of CBT, is used for anxiety disorders. The word “exposure” can sound harsh, especially to someone with trauma. In responsible care, exposure is not about throwing a person into distress to see if they can endure it. It is a structured way of helping the brain and body learn that certain reminders, memories, or situations can be approached without the same level of danger response. It requires consent, preparation, and clinical judgment.

For trauma-related anxiety, the treatment target is often avoidance. Avoidance makes sense. If a certain street, scent, topic, or feeling brings a wave of fear, the natural impulse is to get away from it. But when the person avoids more and more, the fear never has a chance to update. Therapy can help create conditions where the person gradually learns, in a supported way, that present-day reminders are not the same as the original danger.

Cognitive work may also address beliefs that became attached to the trauma. People often carry conclusions such as “It was my fault,” “I am never safe,” “I cannot trust anyone,” or “I should have known.” These beliefs are not simply thoughts floating in the air. They may feel like facts because they were formed under pressure, fear, shame, or helplessness. Therapy does not replace them with cheerful slogans. It examines them carefully, tests whether they are accurate, and makes room for a more balanced understanding.

When traumatic stress and depression are tangled together, the work may include reconnecting with activities, people, and values that depression has pushed out of reach. Depression therapy in this context is not just about mood. It is also about restoring contact with life after an experience that may have taught the person to withdraw, stay quiet, or expect loss.

## What a first appointment may feel like

A first trauma therapy appointment is often less dramatic than people fear. It usually involves a careful conversation about what brings the person in, what symptoms they are noticing, what they hope will change, and what support they already have. The therapist may ask about mental health history, current stressors, safety concerns, medication, sleep, work, relationships, and previous therapy. If the clinician is a psychologist, assessment may also be part of the process, depending on the setting and the client’s needs.

A client does not have to reveal every detail of a traumatic experience in the first session. In fact, many therapists would not expect that. Early therapy is often about mapping the territory. What feels urgent? What feels too raw? What situations are causing the most disruption? What helps even a little? What has made things worse? These questions allow the therapist and client to form an initial plan without forcing premature disclosure.

There can be relief in being asked specific, thoughtful questions. A person who has spent months saying “I’m fine” may finally have a place to say, “I am getting through the day, but I am not okay.” That difference matters. Functioning is not the same as being well. Many people with traumatic stress become highly practiced at performing normalcy. Therapy can be one of the first places where the performance is allowed to soften.

A first appointment can also bring mixed feelings afterward. Some clients feel lighter. Some feel tired. Some wonder whether they said too much or not enough. That does not mean therapy has gone wrong. Beginning to

Speak honestly about distress can stir the system. A good therapist will help the client notice these responses and use them as information for pacing future sessions.

## Trauma therapy for women and the importance of tailoring care

Therapy for women is not a separate license category. A psychologist does not hold a special license called “women’s therapist” based on the verified professional categories used in mental health care. Still, many women seek therapy for concerns shaped by their relationships, roles, bodies, families, work demands, trauma histories, depression, anxiety, and expectations placed on them. Good therapy is tailored to the person, not to a generic label.

For some women, traumatic stress is tied to experiences they have minimized because others minimized them first. They may have been told they were too sensitive, too dramatic, too angry, too cold, or too hard to please. They may have learned to keep peace at any cost. By the time they seek therapy, the presenting concern might be anxiety, insomnia, depression, conflict in relationships, or a sense of losing themselves. Trauma therapy can help connect these present-day patterns with earlier experiences while still respecting the client’s current life and choices.

Tailored care also means not assuming every woman has the same needs. One client may want direct, structured tools for anxiety. Another may need slow work around trust. Another may want help understanding why she shuts down during conflict. Another may be seeking a mental health service after years of putting everyone else’s needs first. The therapist’s job is not to impose a storyline, but to listen closely enough that treatment fits.



A practice such as Full Cup Wellness, if offering therapy services within appropriate professional standards, would need to communicate clearly about who provides care, what credentials they hold, what services are available, and how trauma-related concerns are approached. Names and branding can make a practice feel welcoming, but clients still deserve clarity about licensure, training, confidentiality, fees, and fit. Warmth matters. Competence matters just as much.

## **When anxiety, depression, and trauma overlap**

Trauma rarely travels alone. Anxiety and depression are two common reasons people seek therapy, and both can appear alongside traumatic stress. Anxiety may show up as worry, panic, avoidance, tension, or a constant scan for what might go wrong. Depression may show up as heaviness, loss of interest, guilt, irritability, or a belief that nothing will improve. When trauma is part of the picture, these symptoms can become more layered.

Consider a person who was once harmed in a setting that resembled their current workplace. They may not think of themselves as traumatized. They may simply notice that meetings make their heart race, feedback feels dangerous, and Sunday evenings bring dread. Anxiety therapy might help them understand the fear response and reduce avoidance. Trauma therapy might help them process why ordinary workplace dynamics feel loaded with threat. If depression has followed, treatment may also focus on rebuilding energy, confidence, and meaningful routine.

Or consider someone who becomes emotionally numb in close relationships. Their partner may call it distance. They may call it exhaustion. In therapy, the numbness might be understood as a protective response that once helped them survive overwhelming emotion. The goal would not be to shame the protection, but to help the person develop more flexible ways of staying present.

Overlap creates trade-offs in treatment planning. If anxiety is so intense that the client cannot sleep or function, the early work may focus on symptom relief. If depression is severe enough that motivation is nearly absent, therapy may need to start with small, concrete steps and close monitoring. If trauma memories are intrusive and disruptive, processing may become more central once the client has enough stability. Good treatment is responsive. It changes as the client changes.

## **Signs that trauma therapy may be worth considering**

People often wait until distress becomes unmanageable before reaching out. Some delay because they believe others have been through worse. Some fear that therapy will make them fall apart. Some have had unhelpful experiences with past providers and are understandably cautious. While no article can diagnose a person, there are patterns that often suggest a conversation with a licensed professional could help.

The following signs do not prove that someone has PTSD or any specific diagnosis, but they can be reasons to seek support:

- Memories, reminders, or emotions connected to a painful experience keep disrupting daily life.
- Anxiety, depression, numbness, or irritability has become harder to manage.
- Avoidance is shrinking your routines, relationships, work, or sense of freedom.
- You feel stuck in self-blame, shame, or fear even when part of you knows the danger has passed.
- You want help from a trained professional rather than trying to carry the stress alone.

Reaching out does not commit someone to a lifetime of therapy. It begins a conversation. Sometimes a few sessions help clarify what is happening and what kind of support would fit. Sometimes longer work is needed,

especially when trauma has shaped years of coping, attachment, or self-perception. The right length of therapy depends on the person, the goals, the symptoms, and the treatment approach.

## Choosing a therapist with care

Finding a therapist can feel strangely personal and administrative at the same time. A person may be reading websites, checking insurance, comparing credentials, and trying to sense whether a stranger will be safe to talk to about the hardest parts of life. That is a lot to ask of someone who may already be overwhelmed.

Credentials are a practical place to start. Since psychotherapy is provided by trained, licensed professionals, clients can ask about licensure and professional background. If someone is specifically looking for a psychologist, it is reasonable to ask whether the provider is licensed as a psychologist and what doctoral training they completed. State boards regulate psychology licensure, and requirements vary by state, but the purpose is to safeguard public welfare.

Fit is more than credentials, though. A highly trained professional may still not be the right therapist for every client. Trauma therapy requires enough trust that the client can speak honestly, disagree when needed, and say when the pace feels wrong. Early sessions should offer some sense of how the therapist thinks, how they respond to distress, and whether they can explain the treatment approach in plain language.

A brief consultation, when available, can help. The questions do not need to be perfect. A client might ask what experience the therapist has with traumatic stress, how they pace trauma work, whether they also treat anxiety or depression, and what therapy tends to look like after the first few sessions. The answers should be understandable. If a therapist uses [fullcupwellness.com](https://www.fullcupwellness.com) Mental health service language that feels confusing, it is fair to ask them to slow down and explain.

Here are a few focused questions that can make the search more concrete:

- Are you licensed to provide psychotherapy in this state?
- What is your training and experience with trauma therapy?
- How do you approach treatment when trauma overlaps with anxiety or depression?
- What happens if I feel overwhelmed during or after a session?
- How will we decide whether therapy is helping?

These questions are not a test the therapist must pass with one perfect script. They are an opening for transparency. A good therapist should welcome thoughtful questions because informed clients are better able to participate in their care.

## What progress can look like

Progress in trauma therapy is often quieter than people expect. It may not begin with a dramatic breakthrough. It may begin with sleeping a little more consistently, noticing a trigger before reacting, or staying present during a conversation that used to lead to shutdown. It may look like driving past a certain place without losing the rest of the afternoon. It may look like feeling grief without being swallowed by it.

Some clients become frustrated because progress is uneven. They have three better weeks, then a reminder hits and they feel back at the beginning. But relapse in symptoms does not erase learning. A nervous system that has been shaped by traumatic stress may need repeated experiences of safety, choice, and recovery. The question is not whether distress ever returns. The question is whether the person has more ways to understand it, respond to it, and come back to themselves.

Therapy can also change a person's relationship with the past. The goal is not to make the event acceptable or meaningful if it was neither. The goal may be to reduce the power it has over the present. A memory can remain sad, frightening, or unjust without controlling every decision. A person can remember what happened and still feel grounded in the room they are in now.

Progress may include sharper boundaries. It may include less self-blame. It may include a better ability to ask for support. It may include choosing relationships with more care. Sometimes it includes anger, especially for people who were only allowed to feel fear or guilt. In therapy, anger can be understood, not acted out recklessly or dismissed. It can signal that a person's sense of dignity is returning.

## **The limits of therapy and the importance of honest expectations**

Trauma therapy can help, but it is not magic. A therapist cannot undo what happened. They cannot guarantee that symptoms will disappear on a set schedule. They cannot make every relationship safe or every environment supportive. Honest therapy acknowledges these limits without becoming hopeless.

There are also practical constraints. Cost, location, insurance, work schedules, childcare, transportation, and availability of qualified providers can all affect access. Telehealth may increase access for some people, while others may prefer in-person care. Some clients need a provider with specific expertise, and waiting lists can be discouraging. These barriers are real. A compassionate mental health service should treat them as part of care planning, not as personal failures.

Not every therapy relationship works. If a client feels misunderstood, pressured, dismissed, or chronically confused about the work, it may be worth discussing directly with the therapist. Sometimes that conversation improves the therapy. Sometimes it clarifies that another [Psychologist](#) provider would be a better fit. Leaving a therapist is not a failure, and neither is trying again after a poor experience.

Therapy also asks effort from the client, but that effort should be realistic. Someone with traumatic stress may not be able to complete extensive between-session work, especially early on. Someone with depression may struggle with consistency. Someone with anxiety may over-prepare and then feel ashamed. A good therapist helps calibrate the work so it challenges without flooding. That balance is one of the central skills in trauma treatment.

## **A grounded way to think about healing**

Healing from traumatic stress is often less about becoming untouched by the past and more about gaining freedom in the present. Freedom to choose rather than automatically avoid. Freedom to rest without scanning for danger. Freedom to feel sadness without collapsing into shame. Freedom to build relationships that are not organized around fear.

Psychology offers language and methods for this work. A psychologist or another licensed psychotherapy provider can help assess what is happening, identify patterns, and use evidence-based care to reduce symptoms that have become painful or limiting. For some people, trauma therapy is the first time their reactions make sense. For others, it is the first time they have been able to tell the truth without having to protect everyone else from it.

If you are considering therapy, you do not need to arrive with a polished story. You do not need to know whether your concern belongs under trauma therapy, anxiety therapy, depression therapy, or another label. You can begin with what you notice: "I am not sleeping." "I feel on edge." "I cannot stop blaming myself." "I feel numb." "Something from the past is affecting me now." A skilled clinician can help sort through the rest.

The fullest cup is not one that never spills. It is one that can be refilled, steadied, and held with care. For people living with traumatic stress, therapy can be part of that steadying process. Not a demand to forget. Not a promise that pain vanishes overnight. A serious, humane form of care that helps the mind and body learn, slowly and honestly, that the present can become safer than the past.

**Name:** Full Cup Wellness

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**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.