

Seeking help for your mental health can feel both brave and unsettling. Many people wait until they are exhausted before they reach out, not because they do not care about themselves, but because the path to care can feel confusing. There are therapists, psychologists, counselors, psychiatrists, coaches, wellness programs, group practices, online platforms, and social media accounts all using language that sounds similar. When someone is anxious, depressed, grieving, or carrying trauma, sorting through those options can feel like one more task they do not have the energy to complete.

That is where licensed care matters. A mental health service is not just a kind conversation, a calming worksheet, or a set of coping tips. At its best, it is structured, ethical, evidence-informed care provided by a trained professional who understands human distress, clinical risk, privacy, boundaries, and the difference between ordinary stress and symptoms that need careful attention. The relationship may feel warm and personal, but the frame around it is professional for a reason.

Licensed mental health care does not remove all uncertainty. No clinician can promise a perfect outcome. Therapy can take time. Progress may arrive unevenly. Some sessions feel relieving, while others stir up painful material before it settles. Still, licensure gives clients a baseline of protection. It tells you the person providing care has met defined educational and training standards, is accountable to a regulatory body, and is practicing within a recognized profession.

For a person choosing anxiety therapy, trauma therapy, depression therapy, or therapy for women, that distinction can make the difference between feeling supported and feeling exposed.

What a mental health service is meant to provide

A mental health service exists to help people address emotional, psychological, relational, and behavioral concerns. That may include anxiety that keeps someone from sleeping, depression that drains color from daily life, trauma responses that flare without warning, or life transitions that bring old patterns to the surface. Some people enter therapy with a diagnosis. Others arrive with a sentence they can barely finish: "I do not feel like myself."

Good care begins by taking that sentence seriously.

A licensed clinician is trained to listen for more than the obvious complaint. If a client says she is "just stressed," a skilled therapist may gently explore sleep, appetite, concentration, panic symptoms, medical history, substance use, safety concerns, relationship patterns, recent losses, and past trauma. Not all of those areas will be relevant, but asking carefully helps prevent important pieces from being missed. Many people normalize their own suffering for years. They call panic "overreacting," depression "laziness," trauma "being dramatic," and chronic fear "just how I am."

The purpose of therapy is not to label every feeling as a disorder. It is to understand what is happening accurately enough to respond well. Sometimes that response involves skill-building and short-term [online depression therapy](#) support. Sometimes it involves deeper psychotherapy over a longer period. Sometimes a client needs coordination with a medical professional, a psychiatrist, or another provider. Licensed care gives room for that judgment.

Psychotherapy is provided by trained, licensed professionals. Depending on the setting, that may include clinical psychologists, psychiatrists, counselors, social workers, or psychiatric nurses. Each profession has its own training path and scope of practice. The shared thread is that the work is not casual advice. It is a health service.

Why licensure matters when you are vulnerable

People *Psychologist* often look for therapy at the moments when their judgment is under the most strain. Anxiety can make every option feel urgent. Depression can make every option feel pointless. Trauma can make trust feel dangerous and necessary at the same time. A person in that state deserves more than charisma. They deserve competence.

Licensure is one way the public is protected. State boards regulate mental health professions, including psychology, to safeguard public welfare. Requirements vary by state and profession, but the basic idea is consistent: a person should not be able to present themselves as a licensed clinician without meeting defined standards. For psychologists, the training is typically doctoral level, often leading to a PhD, PsyD, or EdD. Psychologists may provide psychological counseling and other mental health services, and they may also work in assessment, research, or teaching. They are not medical doctors, but they can evaluate and treat mental health concerns such as depression.

That background matters because therapy involves more than empathy. Empathy opens the door, but training helps the clinician know what to do once the door opens.

Consider a client who begins anxiety therapy because she has panic attacks before work. On the surface, the goal may seem simple: reduce panic. But what if the panic began after a frightening event? What if she also has depressive symptoms and has stopped eating regularly? What if she is using alcohol to sleep? What if her anxiety spikes only in one relationship? What if exposure-based work would help, but moving too quickly would overwhelm her? These are not abstract clinical puzzles. They are the kinds of distinctions that shape care.

A licensed professional is expected to recognize limits, assess risk, protect confidentiality within legal and ethical boundaries, and refer when another service is needed. That does not mean every licensed provider is the right fit for every client. Fit still matters deeply. But licensure gives you a foundation before fit is even considered.

The difference between support and treatment

Support is valuable. Friends, family members, mentors, spiritual communities, peer groups, books, movement practices, and quiet routines can all help a person survive hard seasons. Many people recover with a network of supports, not therapy alone. There is no need to dismiss the healing power of being known and loved.



Treatment is different.



Treatment involves a professional relationship with defined goals, clinical judgment, informed consent, documentation, confidentiality practices, and an understanding of mental health conditions. A friend can sit beside you after a panic attack. A therapist can help you understand the panic cycle, identify triggers, build tolerance for body sensations, examine avoidance patterns, and choose interventions based on your symptoms and history. A mentor can encourage you [fullcupwellness.com](https://www.fullcupwellness.com) [Mental health service](#) through grief. A licensed clinician can assess whether that grief has become entangled with depression, trauma, or safety concerns.

The distinction becomes especially important when a person is seeking help for symptoms that interfere with daily functioning. Evidence-based psychotherapies can reduce symptoms of depression, anxiety, and other mental disorders. That does not mean every method works for every person, or that therapy is a straight line. It means there are tested forms of care that clinicians can draw from, adapt, and monitor over time.

A person does not need to understand every therapy model before making an appointment. Most clients do not arrive knowing what CBT, exposure therapy, psychodynamic therapy, or trauma-focused care means in practice. That is part of the clinician's role: to explain the approach in plain language, answer questions, and invite collaboration.

Anxiety therapy and the problem of avoidance

Anxiety is not only a feeling. It is often a pattern. The body senses threat, the mind searches for danger, and the person begins to avoid what feels intolerable. Avoidance can be obvious, such as skipping flights, social events, medical appointments, or difficult conversations. It can also be subtle. Rechecking a message ten times. Asking for reassurance every night. Staying busy enough to never feel still. Keeping life small because small feels safer.

Anxiety therapy often helps clients understand this loop. The goal is not to shame avoidance. Avoidance usually begins as protection. If something makes your chest tighten and your thoughts race, of course you want distance from it. The trouble is that avoidance can teach the brain that the feared situation is impossible to handle. Relief comes quickly, but confidence shrinks over time.

Exposure therapy, a form of cognitive behavioral therapy, is used for anxiety disorders. In practice, exposure does not mean throwing someone into the deepest end of fear without care. Done responsibly, it is planned, collaborative, and paced. A therapist may help a client approach feared sensations, memories, places, or situations in a way that builds tolerance rather than panic. The details depend on the person. Someone with social anxiety may practice tolerating small moments of visibility. Someone with panic may learn that a racing heart, while uncomfortable, is not necessarily dangerous. Someone with a specific fear may work gradually with images, words, settings, or experiences connected to that fear.

This is where licensed judgment matters. Anxiety can resemble other problems. Medical conditions, medication effects, trauma responses, depression, substance use, and chronic stress can all shape anxious symptoms. A clinician does not need to make the first session feel like an interrogation, but they do need to ask enough to understand what they are treating.

Trauma therapy requires pacing, not pressure

Trauma can leave a person living in two timelines at once. Part of life moves forward. Bills get paid, children are cared for, meetings happen, dinner gets made. Another part remains organized around what happened, or what nearly happened, or what happened repeatedly over years. The body may react before the mind has words. A smell, tone of voice, date on the calendar, medical exam, conflict, silence, or sudden movement can make the present feel unsafe.

Trauma therapy should never be reduced to “tell the story and get it out.” Some people do need space to speak in detail. Others need weeks or months of stabilization before approaching traumatic material directly. Some need to work first on sleep, grounding, boundaries, or reducing self-blame. A skilled clinician pays attention not only to the content of trauma, but to the client’s capacity to stay present while working with it.

Psychology has a major area of focus devoted to traumatic stress and PTSD. That matters because trauma is not simply a bad memory. It can affect attention, mood, relationships, body awareness, trust, sexuality, parenting, work, and the ability to imagine a future. It can also be misread. A traumatized person may look angry when she is scared, detached when she is overwhelmed, controlling when she is trying not to collapse, or inconsistent when her nervous system is moving between alarm and shutdown.

Licensed trauma therapy offers containment. The therapist’s job is not to pry. It is to help create enough safety for the client to understand what is happening inside her, reduce symptoms where possible, and reclaim choices that trauma may have narrowed.

Depression therapy and the weight of ordinary tasks

Depression can make life feel like walking through wet cement while everyone else moves at normal speed. People who have never experienced it may imagine sadness, but many clients describe something flatter and more frightening: numbness, irritability, fog, guilt, exhaustion, or the sense that they are failing at tasks that used to be automatic.

Depression therapy often begins with careful attention to daily functioning. How much is the person sleeping? Is she eating? Can she work? Is she withdrawing from people? Does she feel hopeless? Are there thoughts of self-

harm? These questions can feel intimate, but they are necessary. Depression can be mild and still painful. It can also become dangerous. A licensed clinician is trained to take changes in risk seriously.

Therapy for depression may include examining thought patterns, rebuilding routines, addressing isolation, processing grief, working through relationship stress, or understanding long-standing self-criticism. Sometimes the early work is very practical. A client who cannot get out of bed may not be ready for a sweeping life analysis. She may need help identifying the smallest workable next step: opening the curtains, drinking water, texting one safe person, attending one appointment, or noticing the thought that says nothing will ever change.

Small does not mean insignificant. In depression therapy, small steps may be the bridge back to agency.

Therapy for women: tailored care without reducing anyone to a category

Therapy for women is not a separate license category. A provider does not become clinically qualified simply by saying they work with women. The license, training, and scope of practice still matter. At the same time, many women seek therapy because their experiences have been shaped by gendered expectations, caregiving roles, reproductive experiences, relationship dynamics, workplace pressures, trauma histories, cultural messages about anger or desire, and the quiet habit of putting everyone else first.

A good therapist does not assume every woman has the same story. One client may be overwhelmed by postpartum changes. Another may be grieving infertility. Another may be recovering from emotional abuse. Another may be the primary earner in her family and feel ashamed that success has not protected her from anxiety. Another may not relate to traditional narratives of womanhood at all. Therapy should leave room for all of that.

The phrase “therapy for women” is useful when it helps someone find a clinician who understands concerns she has struggled to name. It becomes limiting when it turns into a script. Women are not a niche problem to be solved. They are full human beings whose mental health care should be attentive, individualized, and clinically sound.

For some clients, the therapeutic relationship itself becomes the first place they practice being honest without managing another person’s reaction. That can be profoundly healing. A woman who spends her life smoothing conflict may learn to say, “I am angry.” A woman who automatically apologizes may begin to notice when she has done nothing wrong. A woman who has survived trauma may learn that her pace matters. A woman with depression may discover that needing help is not evidence of weakness.

What to ask before beginning care

Choosing a mental health service can feel awkward, especially if you were raised to avoid personal questions or defer to professionals. But a reputable provider should welcome reasonable questions. You are not being difficult by wanting to understand who will be caring for you.

Here are a few questions that can help clarify whether a provider is a responsible fit:

1. What is your license, and in what state are you licensed to practice?
2. What experience do you have with concerns like anxiety, trauma, depression, or the issue I am bringing?
3. How do you usually structure therapy, especially in the first few sessions?
4. What are the limits of confidentiality?
5. How do you handle situations where a client may need a higher level of care or another type of support?

These questions do not need to be delivered like an interview. They can be woven into a first call or first session. A thoughtful clinician will answer in language you can understand. If the answer feels evasive, dismissive, or overly grandiose, pay attention. Trust your discomfort enough to slow down.

The role of a psychologist within mental health care

A psychologist is typically a doctoral-level mental health professional. Training often leads to a PhD, PsyD, or EdD. Psychologists may provide counseling and other mental health services, conduct assessments, teach, and contribute to research. They are not medical doctors, which means they are distinct from psychiatrists. That distinction can be confusing for clients, especially because both may work with depression, anxiety, trauma, and other mental health concerns.

The practical question is not which title sounds most impressive. The practical question is what kind of help you need. A psychologist may be a strong fit when you are seeking psychotherapy, psychological evaluation, or care informed by deep training in human behavior and mental health. Other licensed professionals, such as counselors, social workers, psychiatric nurses, and psychiatrists, may also provide psychotherapy depending on their training and role.

Good mental health care is not a competition between professions. It is a coordinated field with different doors of entry. The important thing is that the person providing treatment is trained, licensed, and working within their competence.

When warmth is not enough

Many people choose a therapist because the therapist seems warm. Warmth matters. It is hard to heal in a room that feels cold, shaming, or performative. But warmth alone is not clinical care. A therapist can be kind and still miss risk. A provider can sound soothing and still practice outside their depth. A social media presence can feel intimate and still tell you very little about competence.

There is a particular danger in mental health spaces where personal branding replaces professional accountability. A phrase like "healing journey" can be meaningful, but it does not tell you whether the provider understands trauma responses. A calming office does not tell you whether they know how to respond to suicidal thoughts. A polished website does not tell you whether they are licensed. Even the name of a wellness practice, such as Full Cup Wellness, should be the beginning of your inquiry rather than the end of it. The question is not only whether the name or message resonates. The question is who provides the care, what their credentials are, and whether their services match your needs.

This does not mean you should become suspicious of every provider. Most people enter mental health work because they want to help. It does mean you should give yourself permission to look beneath the surface. Licensed professionals are used to these questions. Ethical clinicians understand that trust is built with clarity, not demanded through authority.

What evidence-based care can and cannot promise

Evidence-based psychotherapy matters because mental health treatment should not rely on guesswork alone. Research has shown that psychotherapies can reduce symptoms of depression, anxiety, and other mental disorders. For a client who has spent years believing she is simply broken, that fact can be deeply hopeful. Symptoms can change. Patterns can soften. Skills can be learned. Pain can become more understandable and less commanding.

Still, evidence-based does not mean mechanical. People are not worksheets. A therapy approach supported for anxiety may need adjustment for a client with trauma. A strategy that helps one person with depression may feel impossible for another until sleep improves. Exposure therapy can be useful for anxiety disorders, but it requires care, consent, and pacing. A depression intervention may need to account for grief, chronic stress, medical issues, or relational safety.

Good clinicians hold both truths. They respect the evidence, and they respect the person in front of them.

Clients sometimes worry that therapy “is not working” if they feel worse after a session. Sometimes that concern is valid. Therapy should not feel endlessly destabilizing. But some discomfort is part of meaningful work. Naming a trauma response, noticing a painful belief, or facing avoided situations can stir emotion. The difference lies in whether the work has a purpose, whether the therapist helps you regulate, and whether you have a shared understanding of what you are doing.



Signs that care is grounded and ethical

Because therapy is private, clients may not always know what normal professional practice looks like. A grounded therapist explains confidentiality and its limits. They ask questions before offering interpretations. They do not rush trauma disclosure to satisfy curiosity. They respect your autonomy while also taking safety seriously. They can describe their role without inflating it. They keep appropriate boundaries. They welcome feedback, including feedback that something they said did not land well.

A responsible mental health service also recognizes when therapy alone is not enough. If a client’s symptoms are severe, if safety is at risk, or if a different type of care is needed, a licensed clinician should discuss options. That might feel disappointing at first, especially if you hoped one provider could meet every need. But referral and collaboration are not abandonment. They are part of ethical care.

There are also moments when a therapist and client simply are not the right fit. Maybe the therapist's style is too quiet, too structured, too exploratory, or too skills-focused for what the client needs. Maybe the client needs expertise in a concern the therapist does not commonly treat. Fit is not a moral judgment. It is a clinical and relational reality. Licensed care gives you a safer process for navigating that reality.

The first sessions: what often happens

Therapy for women

The first therapy sessions are usually about orientation. The therapist wants to understand what brings you in, what has helped or hurt before, what symptoms you are experiencing, and what you hope might change. You may talk about history, current stressors, relationships, health, work, sleep, mood, anxiety, trauma, and safety. You do not have to reveal everything at once. In fact, good therapy often respects the difference between privacy and secrecy. You are allowed to pace your own story.

Some clients leave the first session relieved because someone finally listened. Others leave unsure because the first meeting involved more questions than answers. That does not necessarily mean the session went poorly. Assessment is part of treatment. A clinician needs enough information to avoid making shallow assumptions.

Over time, the work should begin to feel more coherent. You should have some sense of what you are focusing on and why. In anxiety therapy, that might mean tracking avoidance and practicing new responses. In trauma therapy, it might mean building grounding skills and slowly approaching painful material. In depression therapy, it might mean addressing withdrawal, hopeless thoughts, and daily rhythms. In therapy for women, it might mean exploring how personal distress intersects with roles, expectations, relationships, and identity.

Therapy is not always tidy, but it should not feel aimless forever.

A practical way to think about fit

People sometimes search for the "best" therapist, as if there is one perfect provider hidden somewhere. A more useful question is whether a therapist is qualified, appropriate for your concern, and someone with whom you can build enough trust to do honest work.

A strong fit often includes these qualities:

1. You understand the provider's license, role, and scope of practice.
2. The therapist has experience with the concerns you are bringing.
3. You feel respected, even when the work is uncomfortable.
4. The approach makes sense to you when it is explained.
5. The therapist responds thoughtfully to questions, boundaries, and feedback.

No therapist will feel perfect in every moment. Therapy can bring up irritation, fear, dependency, shame, or doubt. Those reactions may become part of the work. But there is a difference between therapeutic discomfort and feeling dismissed, pressured, or unsafe. If something feels wrong, you are allowed to name it. If the response leaves you more confused or diminished, you are allowed to seek care elsewhere.

Why licensed care is an act of protection

Mental health struggles can make people doubt their own worth. They may tell themselves they should be able to handle it, that others have it worse, that therapy is self-indulgent, or that needing help means they have failed.

Those beliefs often keep people alone far longer than necessary.

Licensed care sends a different message. It says your distress deserves skilled attention. It says your story should be held by someone with training and accountability. It says anxiety, trauma, and depression are not character flaws. It says support can be warm without becoming careless, and professional without becoming cold.

A mental health service is most powerful when it combines humanity with competence. The humanity helps you feel less alone. The competence helps ensure the work is safe, purposeful, and grounded. For many clients, that combination becomes the first steady place they have had in a long time.

If you are looking for care, you do not need to have perfect language for what is wrong. You can begin with what you know: "I am anxious all the time," "I cannot stop thinking about what happened," "I feel numb," "I need therapy for women because I want someone who understands this part of my life," or simply, "I need help." A licensed professional can help you sort the rest.

The first step does not have to be dramatic. It can be a phone call, an email, a consultation request, or a quiet decision to verify a provider's credentials before booking. That step matters. Not because therapy is magic, but because good care gives suffering a place to be understood, treated, and slowly transformed.

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.