

Anxiety can be strangely convincing. It can make a safe room feel charged, turn a normal email into a threat, or persuade a person that one uncomfortable body sensation means something is seriously wrong. Many people who begin anxiety therapy do not arrive saying, "I have an anxiety disorder." More often, they say, "I cannot shut my mind off," or "I keep avoiding things," or "I know this fear does not make sense, but my body reacts like it is real."

That gap between what a person knows and what a person feels is one reason psychotherapy matters. Anxiety is not only a thought problem. It can involve attention, memory, body sensations, habits, relationships, sleep, and the nervous system's learned responses to danger. Good therapy respects all of that. It does not scold a person for feeling afraid. It helps them understand what anxiety is doing, what keeps it going, and how to begin responding differently.

Psychotherapy for anxiety disorders is provided by trained, licensed professionals. Depending on the setting and location, that may include clinical psychologists, psychiatrists, counselors, social workers, or psychiatric nurses. A psychologist is typically a doctoral-level mental health professional, often trained through a PhD, PsyD, or EdD path. Psychologists may provide psychological counseling and other mental health services, and they may also work in assessment, research, and teaching. They are not medical doctors, but they can evaluate and treat mental health concerns such as anxiety and depression.

For someone looking for a mental health service, those distinctions can feel confusing at first. The more important starting point is this: anxiety is treatable, and evidence-based psychotherapy can reduce symptoms of anxiety, depression, and other mental disorders. The process takes effort, but it is not vague or mystical. It is structured enough to create change and personal enough to honor the life behind the symptoms.

What anxiety therapy is really trying to change

Anxiety therapy is not designed to remove fear from a person's life. Fear has a purpose. It helps people notice risk, prepare for hard conversations, study for exams, and step away from unsafe situations. The problem begins when the alarm system becomes too sensitive, too loud, or too controlling.

A person with anxiety may start organizing life around prevention. They may avoid driving on highways, decline invitations, over-prepare for meetings, repeatedly seek reassurance, check their body for symptoms, or replay conversations late into the night. These behaviors usually make sense in the short term. Avoiding the feared situation brings relief. Asking for reassurance calms the [Therapy for women](#) spike of panic. Staying busy keeps painful thoughts at a distance.

The trade-off is that anxiety learns from avoidance. If a person avoids the elevator and feels better, the brain may record the elevator as dangerous and avoidance as necessary. If a person asks three friends whether a text sounded rude, the temporary relief can strengthen the belief that uncertainty is intolerable. Anxiety therapy looks at these loops with care. It asks what the anxiety is protecting the person from, what it costs, and what new responses could build freedom over time.

A therapist may help a client separate anxiety's signal from anxiety's story. The signal might be a racing heart, tight chest, nausea, dread, or mental urgency. The story might be, "I am going to faint," "Everyone will judge me," "I cannot handle this," or "Something terrible will happen if I stop checking." Therapy slows the process down enough for a person to observe it. That observation creates a small but powerful space where choice can begin.

Psychotherapy is a relationship, but it is also a treatment

People sometimes imagine therapy as a weekly conversation where they report what happened and receive encouragement. Support is part of it, and for many clients, feeling heard by a steady professional is deeply healing. Still, psychotherapy for anxiety disorders is more than emotional support. It is a treatment process grounded in training, clinical judgment, and evidence-informed methods.

The first sessions often involve careful listening. A clinician wants to understand when the anxiety began, how it shows up, what triggers it, what helps, what worsens it, and how it affects work, school, relationships, parenting, health, sleep, and daily routines. They may ask about depression symptoms, trauma history, substance use, medical concerns, family patterns, and safety. These questions are not meant to reduce a person to a checklist. They help the therapist see the whole picture.



A client may come in for anxiety therapy and gradually realize that grief, trauma, or depression also needs attention. Another client may assume they are “just stressed” and discover that panic attacks have led them to avoid normal activities. Someone else may be functioning well on the outside while spending hours internally managing fear. The same diagnosis can look very different in different lives.

This is where professional judgment matters. A psychologist or other licensed therapist does not simply apply the same script to every anxious person. They tailor therapy to the client’s symptoms, history, strengths, culture, current stressors, and readiness for change. A person who is terrified of leaving the house may need a different pace than someone whose anxiety appears mainly during presentations at work. A person with traumatic stress may need a different approach than someone with a specific phobia. Therapy should be responsive without becoming aimless.

Cognitive behavioral therapy and exposure therapy

One of the best-known approaches for anxiety disorders is cognitive behavioral therapy, often called CBT. CBT looks at the relationship between thoughts, feelings, body sensations, and behaviors. The goal is not forced positivity. It is more practical than that. CBT helps people notice patterns that intensify anxiety and practice responses that are more accurate, flexible, and useful.

For example, a client who fears making mistakes at work may automatically think, "If I miss one detail, I will be fired." That thought may produce dread, tension, and compulsive checking. The checking may consume hours and still not create confidence. In therapy, the client might learn to examine the prediction, consider evidence, test assumptions, and practice tolerating the discomfort of submitting work after a reasonable review. The change is not simply thinking, "Everything is fine." It is learning, through repeated experience, "I can handle uncertainty without letting anxiety run the entire process."

Exposure therapy is a type of CBT used for anxiety disorders. The word "exposure" can sound harsh to someone already overwhelmed, but properly done, it is collaborative and paced. Exposure does not mean throwing a person into their worst fear without preparation. It means helping the brain learn something new by approaching feared situations, memories, sensations, or uncertainties in a planned way.

A person with panic symptoms, for instance, may fear a racing heart. They may avoid exercise because the feeling reminds them of panic. In therapy, exposure might involve carefully practicing safe physical sensations that resemble anxiety, such as mild breathlessness or increased heart rate, so the person learns that the sensation itself is not dangerous. A person with social anxiety might practice small, manageable interactions before working toward more difficult situations. Someone with a fear of driving might begin with sitting in a parked car, then driving around a quiet block, then gradually increasing distance and complexity.

The point is not to prove that nothing bad ever happens. Life does not offer that guarantee. The point is to teach the nervous system that fear can rise and fall, discomfort can be tolerated, and avoidance is not the only route to safety.

When anxiety overlaps with trauma or depression

Anxiety rarely lives in a sealed compartment. Many people who seek anxiety therapy also describe symptoms of depression, such as low mood, loss of interest, fatigue, hopelessness, or changes in sleep and appetite. Others carry traumatic stress, including intrusive memories, hypervigilance, avoidance, emotional numbing, or feeling constantly on guard.

Trauma therapy and anxiety therapy can overlap because both may involve fear responses and avoidance. Yet trauma deserves its own careful attention. Traumatic stress and PTSD are recognized as major areas within psychology, and trauma-focused expertise matters. A person whose anxiety developed after violence, sudden loss, abuse, medical trauma, or another overwhelming event may need therapy that accounts for the way trauma affects memory, trust, body awareness, and perceived safety.

This is one reason a therapist's assessment is important. If exposure is used without sensitivity to trauma, it can feel flooding or destabilizing. If trauma is avoided entirely because anxiety is the presenting complaint, the work may stay too shallow. Good care involves pacing. Sometimes the early work is about sleep, grounding, emotional regulation, and building enough stability to approach painful material. Sometimes a client is ready to work more directly. Sometimes anxiety, trauma, and depression therapy need to be woven together because the person experiences them together.

Consider a woman who begins therapy because she has panic attacks before staff meetings. On the surface, the treatment target is workplace anxiety. As therapy unfolds, she connects the panic to a history of being publicly humiliated in a past relationship. The meeting room is not the original wound, but her body reacts as if exposure

and criticism are imminent. Therapy may include present-day skills for meetings, but it may also need to address the traumatic learning that made **Mental health service** visibility feel unsafe.

Another person may come in for depression therapy and describe anxiety as the engine beneath the shutdown. They are not resting because they are lazy. They are frozen because every task feels loaded with threat. In that case, behavioral activation for depression may need to be paired with anxiety work around perfectionism, uncertainty, or fear of disappointing others.

Therapy for women and the importance of context

“Therapy for women” is not a separate license category. A psychologist does not receive a different professional license to work with women. Still, therapy can and should be tailored to the client’s needs, and gender can be part of the context that shapes stress, identity, relationships, trauma exposure, caregiving expectations, work pressures, and help-seeking.

Women sometimes arrive in therapy after years of functioning as the emotional manager for everyone else. They may be the person who remembers appointments, notices tension, answers late-night family texts, manages children’s schedules, supports a partner, and still wonders why they feel depleted. Anxiety may show up as irritability, insomnia, over-responsibility, panic, perfectionism, or an inability to **Trauma therapy** rest without guilt.

A therapist offering therapy for women should not reduce every concern to gender, but neither should they ignore the lived pressures a client names. The same applies to culture, race, sexuality, disability, faith, immigration history, family structure, and economic stress. Anxiety is personal, but it is not disconnected from the conditions of a person’s life.

For instance, a client may be told to “set boundaries,” but boundaries are not equally simple in every family, workplace, or financial situation. A single parent working hourly shifts may not have the same options as a person with flexible employment and ample support. A woman leaving a harmful relationship may need safety planning and trauma-informed care, not generic advice [Psychologist](#) about self-care. A client in a demanding caregiving role may need therapy that respects both love and exhaustion.

An empathetic therapist holds these realities without turning therapy into helplessness. The work may involve identifying what is changeable, grieving what is not easily changed, building practical supports, and helping the client reclaim a sense of agency one decision at a time.

What a first therapy session may feel like

The first session can make even a highly motivated person nervous. That is normal. Starting therapy means telling a stranger about private experiences, and many anxious people worry about being misunderstood, judged, or told they are “too much.” A good clinician expects this. They should explain the process, invite questions, and move at a pace that allows honesty to develop.

The therapist may ask about symptoms, current stressors, medical history, past therapy, family background, sleep, appetite, substance use, safety concerns, and goals. Some questions may feel personal, but they serve a clinical purpose. Anxiety can be influenced by many factors, and the therapist needs enough information to plan responsibly.

A client does not need a polished story. Many people begin with scattered pieces: “I cannot sleep,” “My chest gets tight,” “I avoid phone calls,” “I cry after work,” “I had something happen years ago and I do not know if it matters.” Part of the therapist’s role is to help organize the pieces.

It can also be helpful to name what feels difficult in the room. Saying, "I am worried you will think this is silly," gives the therapist a chance to respond directly. Saying, "I do not know how to answer that," is acceptable. Therapy is not a performance. It is a working relationship.

A few signs that therapy is becoming useful

Progress in anxiety therapy is not always dramatic. Sometimes it appears as a person doing something ordinary that anxiety had stolen from them: driving to the store, answering the phone, sleeping through the night, attending a family event, finishing a task without checking it fifteen times, or feeling panic rise without immediately fleeing.

Useful therapy usually includes some combination of insight, skill, practice, and reflection. A client begins to understand their patterns, learns ways to respond differently, tries those responses between sessions, then returns to examine what happened. The therapist adjusts the plan based on real life, not theory alone.

A person may notice several changes over time:

1. Anxiety still appears, but it feels less mysterious and less commanding.
2. Avoidance becomes easier to spot before it takes over.
3. The client can tolerate uncertainty in small but meaningful ways.
4. Relationships improve because fear is no longer driving every reaction.
5. Setbacks become information rather than proof of failure.

That last point matters. Anxiety treatment is rarely a straight line. A client may make strong progress, then experience a flare during illness, conflict, job stress, grief, hormonal changes, or a major transition. This does not mean therapy failed. It often means the person needs to return to the tools, refine them, and treat the setback as part of recovery rather than a collapse.

How to think about credentials and fit

Because psychotherapy is provided by different types of licensed professionals, clients often wonder whom to choose. A psychologist is typically trained at the doctoral level and may provide evaluation, counseling, and other psychological services. Psychiatrists are medical doctors and may provide psychotherapy in some settings, though many focus on medication management. Counselors, social workers, and psychiatric nurses may also provide psychotherapy when trained and licensed to do so.

Licensure is not a formality. State psychology boards and other licensing boards regulate professional practice to safeguard public welfare. Requirements vary by profession and jurisdiction, but the underlying purpose is public protection. For clients, this means it is reasonable to ask about a therapist's license, training, experience with anxiety disorders, and approach to treatment.

Fit is more than warmth, although warmth helps. A therapist may be kind but too passive for a client who needs structured anxiety work. Another may be highly skilled but not the right interpersonal match. A client should feel respected, but therapy should also have enough direction that the work does not become a weekly loop of venting without change.

If someone is considering a practice such as Full Cup Wellness or any other mental health service, useful questions might include whether the clinician treats anxiety disorders, whether they use CBT or exposure therapy when appropriate, how they approach trauma therapy if trauma is part of the picture, and how they coordinate

care when depression symptoms are also present. The answers do not need to be filled with jargon. In fact, clear plain language is often a good sign.

What anxiety therapy asks of the client

Therapy is not something done to a person. It is something done with a person. The therapist brings training, perspective, structure, and care. The client brings honesty, effort, and a willingness to practice new responses, often before they feel natural.

This can be frustrating. An anxious person may want certainty before taking the next step, but therapy often asks them to take carefully chosen steps while certainty is still absent. Someone may want to feel calm before making a phone call, attending an appointment, or setting a boundary. Anxiety therapy may instead help them act while anxious, then learn from the fact that they survived the discomfort.

That does not mean pushing all the time. Rest matters. Timing matters. A person recovering from trauma, depression, burnout, or major life stress may need a slower pace. Good therapy distinguishes avoidance from legitimate limits. Avoidance shrinks life because fear is in charge. A legitimate limit protects capacity, safety, or dignity. The difference is not always obvious, which is why therapy can be so helpful.

One client may need encouragement to stop postponing hard things. Another may need permission to stop treating exhaustion as a personal flaw. Anxiety can drive both over-functioning and withdrawal. The treatment has to fit the pattern.

The quiet courage of doing the work

There is a particular kind of bravery in anxiety therapy that outsiders may not recognize. It is not always visible. It may look like sitting through a panic sensation for thirty seconds longer than usual. It may look like telling the truth in session after minimizing for months. It may look like driving one exit farther, deleting one reassurance text, or going to bed without solving every possible problem in advance.

These steps can seem small from the outside. Inside, they can feel enormous.

A skilled therapist respects that. They do not treat anxiety as weakness, and they do not romanticize suffering. They help the client build a life that is less governed by alarm. Over time, therapy can help a person move from "How do I make this feeling stop immediately?" to "What matters to me, and how do I move toward it even when anxiety comes along?"

That shift is often where freedom begins. Not perfect calm. Not a life without stress. A wider life. A life where fear has a voice, but not the only vote.

When to consider reaching out

A person does not need to wait until anxiety becomes unbearable before seeking help. Therapy may be worth considering when worry, panic, avoidance, intrusive thoughts, physical tension, or fear begins interfering with daily life. It may also help when anxiety overlaps with depression, traumatic stress, relationship strain, or major transitions.

Some people delay because they think their problems are not severe enough. Others delay because they fear the problems are too severe. Therapists hear both. A licensed professional can help sort out what is happening and what kind of treatment may fit.

Reaching out to a psychologist or another licensed mental health professional is not a promise that therapy will be easy. It is a decision to stop facing anxiety alone. For many people, that first step already interrupts one of anxiety's most painful messages: the belief that no one will understand, and nothing will change.

Anxiety can narrow a life quietly. Psychotherapy can help widen it again, one honest conversation and one practiced step at a time.

Name: Full Cup Wellness

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

Phone: (916) 705-2896

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

Email: hello@fullcupwellness.com

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/>

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.