

Psychotherapy is often spoken about as if everyone already knows what it is. Someone says, “I’m going to therapy,” or “I’m looking for a counselor,” and the phrase can carry many meanings at once: relief, worry, privacy, hope, uncertainty, and sometimes a quiet sense of last resort. In a mental health service setting, though, psychotherapy has a more specific meaning. It is a professional psychological service that uses communication and interaction to assess, diagnose, and treat emotional reactions, thinking patterns, and behavior patterns that are causing distress or impairment.

That definition matters because psychotherapy is not simply advice, venting, motivational conversation, or a warm relationship with a good listener. Those things may appear in the room, and a strong therapeutic relationship often depends on warmth and careful listening, but psychotherapy is anchored in clinical training, ethical responsibility, and purposeful care. A psychotherapist is a professionally trained and licensed mental health professional who treats mental, emotional, and behavioral disorders by psychological means. Depending on the setting and license, that professional may be a clinical psychologist, psychiatrist, counselor, social worker, or psychiatric nurse.

People do not usually arrive at [Psychotherapist thedestinationtherapy.com](https://www.thedestinationtherapy.com) a mental health clinic asking for a textbook definition. They arrive because anxiety is interfering with sleep, depression has narrowed life into a few gray tasks, burnout has made even competence feel brittle, or a relationship has become painful in ways neither partner can solve alone. Some come because perfectionism has stopped looking like ambition and started feeling like fear. Some come after religious trauma, after distressing sexual experiences, after a loss of desire, after conflict about identity, after a long private struggle with eating disorders, or after realizing that leadership success has not protected them from loneliness. Psychotherapy gives those experiences a place to be understood with care and clinical attention.

Psychotherapy is a service, not just a conversation

The word “service” can sound administrative, but in mental health care it carries weight. A mental health service is organized around assessment, diagnosis when appropriate, treatment planning, and ongoing evaluation of how care is working. Psychotherapy happens through conversation, but it is not casual conversation. The clinician listens for patterns, **Psychotherapist** risk, strengths, developmental history, relational context, and symptoms. The client brings the lived material: the panic before meetings, the silence after an argument, the food rules that have become rigid, the shame that surfaces during intimacy, the dread that arrives every Sunday night.

A first session in a mental health clinic is often less mysterious than people imagine. The psychotherapist or counselor may ask what brought the person in now, what has changed recently, what the person has already tried, and whether there are safety concerns. They may ask about medical history, medication, substance use, sleep, appetite, family history, work stress, cultural background, relationships, and previous therapy. These questions are not meant to reduce a person to a checklist. They help the clinician understand what kind of care fits, what needs attention quickly, and what should be approached slowly.

Psychotherapy can be provided to individuals, couples, families, or groups. That range is important. A person struggling with depression may benefit from Individual Therapy focused on mood, thoughts, behavior, and emotional pain. A couple may need Couples Therapy because the difficulty lives not only inside one partner but also in the patterns between them. A client healing from trauma may seek EMDR Therapy with an EMDR-trained clinician. Someone facing sexual pain, desire differences, or shame around sexuality may need Sex Therapy with a clinician who has specific training in sexual health and therapy. A person who feels isolated in their experience may find Group Therapy useful because the group itself becomes part of the therapeutic environment.

The common thread is not the format. The common thread is the use of psychological knowledge, ethical practice, and human interaction to assess and treat emotional and behavioral concerns.

Who provides psychotherapy in a clinic or practice

People often use the words psychotherapist, therapist, counselor, psychologist, and clinician interchangeably. In ordinary speech, that is understandable. In a mental health service setting, the distinctions can matter.

A psychotherapist is a broad term for a professionally trained and licensed mental health professional who treats mental, emotional, and behavioral disorders using psychological methods. A counselor may provide counseling and psychotherapy, depending on training, license, and setting. A psychologist is professionally trained in psychology, the scientific study of mind and behavior, and psychologists typically hold a doctoral degree in psychology from an organized, sequential program. In clinical practice, psychologists may provide assessment, diagnosis, treatment, counseling, and other mental health services. Psychiatrists, social workers, and psychiatric nurses may also provide psychotherapy when their training and scope of practice support it.

This can feel confusing for clients, especially when they are already overwhelmed. A practical way to think about it is that the title tells you something, but it does not tell you everything. The fit between client and clinician also depends on the therapist's training, competence with the concern at hand, therapeutic approach, ethical clarity, and ability to work respectfully with the client's identity and context.

For example, a client looking for LGBTQ-Affirming Therapy may want to know not only whether a therapist welcomes LGBTQ clients, but whether the clinician understands how identity, family rejection, minority stress, sexual health, and safety concerns may shape therapy. A client seeking BIPOC Therapy may be looking for care that does not treat culture, racism, migration history, family expectations, or code-switching as side topics. A woman executive looking for therapy may need a clinician who can hold both the reality of high responsibility and the private costs of always appearing composed. Therapy for Female Executives may involve anxiety, burnout, perfectionism, relational strain, and identity pressure, but it should not flatten leadership into pathology.

Good psychotherapy attends to the person in front of the clinician. It does not assume that one method, one theory, or one cultural lens explains everything.

The clinical frame: assessment, diagnosis, and treatment

The clinical frame is one of the biggest differences between psychotherapy and supportive conversation. In a mental health service, the psychotherapist is continually forming and revising an understanding of what is happening. That understanding may include diagnosis, but diagnosis is only one part of the work.

Assessment begins with careful listening. A client might say, "I'm anxious all the time," but anxiety can show up in many forms. It may involve panic, chronic worry, avoidance, irritability, perfectionistic overwork, digestive distress, insomnia, or a constant search for reassurance. Depression can look like sadness, but it can also look like numbness, anger, low motivation, shame, slowed thinking, or withdrawal from ordinary pleasures. Burnout can resemble depression in some ways, yet it is often tightly connected to prolonged stress, depleted capacity, and the erosion of meaning in work or caregiving.

Diagnosis, when used, should help organize care. It should not become a label that swallows the person. Many clients have had the experience of feeling named but not known. Thoughtful clinicians try to avoid that. They may use diagnostic language because it guides treatment, documentation, communication with other providers, or access to care. At the same time, they continue asking, "How does this particular person experience this problem, in this particular life?"

Treatment is the purposeful response. It may include helping a client identify emotional triggers, change patterns of avoidance, process painful memories, practice different relational responses, or develop more flexible thinking. In Couples Therapy, treatment may focus on the cycle between partners rather than declaring one person the problem. In Group Therapy, treatment may use the group's interactions to illuminate how members relate, protect themselves, disclose, withdraw, or repair. In Premarital Counseling, the work may focus less on crisis and more on developing honest [Mental health clinic Destination Therapy](#) conversations about expectations, conflict, family, intimacy, money, faith, values, and future stress.

Psychotherapy is rarely a straight line. Some sessions feel clarifying. Some feel quiet. Some feel frustrating because the old pattern is visible but still powerful. A client may understand intellectually that perfectionism is harming them and still feel terrified of doing work that is merely good enough. A couple may learn to interrupt blame and still fall back into the same argument when exhausted. A person healing from religious trauma may want freedom and still grieve the loss of community, certainty, and language that once gave life structure. These tensions are not signs that therapy has failed. Often, they are the work.

[Anxiety therapy](#)

What happens in the room

The therapy room, whether physical or virtual, is a structured space for attention. It is private, boundaried, and focused on the client's concerns. The clinician is not a friend, supervisor, parent, spiritual authority, or judge. That boundary can feel strange at first. Many people are used to conversations where they must take care of the other person, explain quickly, soften their pain, or make their story sound reasonable. Psychotherapy allows for a different pace.

A client might spend the first few sessions describing the surface problem. "I keep snapping at my partner." "I cannot stop checking my email at night." "I feel detached during sex." "I eat normally around others and then feel out of control alone." As trust builds, the work often moves beneath the first sentence. Snapping at a partner may connect to fear of being dismissed. Email checking may connect to perfectionism, job insecurity, or a long-standing belief that rest must be earned. Feeling detached during sex may connect to anxiety, trauma, shame, relationship dynamics, medical concerns, or lack of safety. Eating disorder symptoms may function as a way to manage distress when other forms of regulation feel unavailable.

Therapists are trained to listen on more than one level. They listen to content, but also to emotion, timing, body language, avoidance, contradiction, and meaning. A client may laugh while describing something painful. They may say, "It wasn't that bad," and then go silent. They may explain a partner's feelings with precision while having no language for their own. None of this is evidence of dishonesty. It is often evidence of protection.

In a well-held psychotherapy process, protection is respected before it is challenged. The clinician does not rip away defenses simply because they can see them. A person developed those defenses for reasons. Therapy asks whether those protections still fit the life the client wants now.

Different formats meet different needs

Psychotherapy is not one uniform experience. The format and specialty matter. A mental health clinic or group practice may offer several kinds of mental health service, each designed for different clinical needs. A client's best fit may change over time as symptoms, relationships, and goals change.

| Type of therapy | What it often addresses | |---|---| | Individual Therapy | Anxiety, depression, burnout, perfectionism, grief, identity questions, trauma-related concerns, eating disorders, and personal patterns | |

Couples Therapy | Problems within and between partners that affect the relationship, communication, conflict, intimacy, trust, and transitions | | Group Therapy | Shared therapeutic work among multiple clients, often useful for connection, feedback, and practicing relational awareness | | EMDR Therapy | Trauma-related concerns and distressing experiences, provided by an EMDR-trained clinician | | Sex Therapy | Sexual concerns, sexual health, desire differences, shame, pain, intimacy concerns, and related relational or emotional issues |

Couples Therapy deserves special mention because many partners arrive hoping the therapist will decide who is right. That is usually not the work. Couples therapy addresses problems within and between partners that affect the relationship. Sessions may begin individually, but the treatment is usually conducted with both partners together. The focus often becomes the pattern: how one partner pursues and the other withdraws, how conflict escalates, how repair fails, how old injuries enter current disagreements, and how each partner protects themselves in ways that unintentionally hurt the bond.

Premarital Counseling has a different tone. It may happen before a crisis. Some couples use it because they want a healthier foundation before marriage or long-term commitment. The work can be tender and practical at the same time. It is not a compatibility exam. It is a structured opportunity to speak honestly before habits harden.

Sex Therapy also requires care and specificity. Sexual concerns often carry shame, and clients may delay seeking help because they fear being judged or misunderstood. A clinician practicing sex therapy should have appropriate training in sexual therapy, counseling, and education. Certification in this area requires specific graduate-level sex therapy training. That matters because sexual concerns may involve psychological, relational, cultural, medical, and identity-related dimensions. A general willingness to discuss sex is not the same as specialized competence.

EMDR Therapy also has specific training expectations. It is a therapeutic intervention for mental health conditions and traumatic or distressing experiences, and it must be administered by an EMDR-trained clinician. Many clients ask about EMDR after hearing that it has helped others with trauma-related concerns. A responsible clinician will help determine whether it fits the client's needs, readiness, and overall treatment plan.

The first appointment is not a lifetime commitment

Many people postpone therapy because choosing a therapist feels too consequential. They imagine they must know exactly what they need before they begin. In reality, the first appointment is often part of finding out. A mental health service setting should make room for questions, uncertainty, and fit.



Clients can ask about training, experience, fees, confidentiality, session length, approach, and what the therapist recommends. They can say, "I am not sure how to talk about this," or "I have had a bad experience in therapy before," or "I am worried you will not understand my background." These statements are not obstacles to therapy. They are clinically useful information.

A simple way to evaluate early fit is to notice whether the therapist seems attentive, respectful, and able to explain the work without becoming defensive or vague. Comfort matters, but therapy is not always comfortable. A good session may leave a client feeling understood and stirred up at the same time. Especially in trauma work, religious trauma, eating disorders, or couples conflict, the work may touch painful material. The question is not, "Did I feel good the whole time?" The better question is, "Did I feel handled with care, and did the session seem connected to a thoughtful purpose?"

There are also times when fit is not right. A clinician may not have the specialty needed. A client may need a higher level of care than a particular clinic provides. A couple may need a therapist with more experience in high-

conflict dynamics. A person seeking LGBTQ-Affirming Therapy may recognize that a clinician's basic acceptance is not enough for the depth of the work. A BIPOC client may decide they need someone with stronger cultural humility or lived understanding. These are valid clinical judgments, not personal failures.

What psychotherapy can and cannot do

Psychotherapy can be powerful, but it is not magic. It cannot erase the past, guarantee a relationship will survive, remove every symptom, or make a painful workplace healthy. It cannot replace all forms of medical care, community support, legal help, spiritual care, or social change. A psychotherapist works through psychological means, which are significant but not unlimited.

What therapy can do is help people understand their inner and relational lives with more accuracy and less shame. It can help clients identify patterns that once protected them but now restrict them. It can help people practice new responses before crisis takes over. It can support grieving, decision-making, boundary-setting, emotional regulation, communication, trauma processing, and self-respect.

For anxiety, therapy may help a client notice how avoidance keeps fear alive. For burnout, it may help separate genuine responsibility from overfunctioning. For depression, it may help name the heaviness, restore small forms of action, and explore the meanings attached to hopelessness. For perfectionism, it may help a person distinguish excellence from self-punishment. For religious trauma, it may create room to examine fear, authority, belonging, identity, and grief without pressuring the client toward or away from belief. For eating disorders, psychotherapy may be one part of care that attends to emotions, control, shame, body experience, and behavior patterns.

The trade-off is that meaningful therapy often requires time and honesty. Some clients feel better quickly because naming the problem brings relief. Others need a longer process because the problem is woven through relationships, identity, trauma, or years of adaptation. There is no single correct pace. Rushing can overwhelm. Avoiding can stall. Good therapy keeps returning to the balance between safety and movement.

When therapy is individual, and when the relationship belongs in the room

Many people begin with Individual Therapy because they experience the distress inside themselves. That is often appropriate. Individual work gives a client space to speak freely, examine personal history, and build insight without needing to manage another person's reaction. It can be especially important when someone is sorting through anxiety, depression, trauma-related concerns, religious trauma, identity questions, or private shame.

At the same time, some problems live in the space between people. A partner's anxiety may shape the household. One person's burnout may create distance and resentment. Sexual concerns may become loaded with rejection, pressure, avoidance, or silence. A couple may argue about dishes while actually fighting about being unseen. In these situations, Couples Therapy may be more direct because the therapist can observe and work with the interaction as it happens.

There are also cases where both individual and relational work may be useful, though the structure must be handled ethically and clearly. A person may do individual therapy for depression while also attending couples sessions with a different therapist. Someone may process trauma individually before entering deeper relational work. A couple may begin therapy together and then one partner may seek individual support for anxiety or perfectionism. The right arrangement depends on goals, clinical needs, boundaries, and the therapist's role.

Group Therapy offers yet another kind of room. For clients who feel alone in anxiety, shame, identity stress, eating disorder recovery, grief, or relational patterns, the presence of other members can be both challenging

and relieving. A group can reveal how a person enters relationships, how they hide, how they ask for care, and how they respond when others are honest. It can also reduce the isolation that often keeps distress alive.

Identity, culture, and the ethics of being understood

Psychotherapy takes place inside culture, whether or not the therapist names it. A client's symptoms do not float outside race, gender, sexuality, class, religion, family structure, immigration history, disability, or professional role. When therapy ignores those contexts, clients may feel subtly asked to translate themselves before they can be helped.

BIPOC Therapy and LGBTQ-Affirming Therapy are not marketing labels when practiced well. They signal that identity, safety, power, and belonging may be central to care. A BIPOC client may bring stress connected to racism, family expectations, workplace visibility, or the pressure to appear unbothered. An LGBTQ client may bring questions about desire, family, faith, body, partnership, disclosure, or fear. These concerns do not always need to be the focus of therapy, but they should be welcome in the room without surprise or minimization.

Therapy for Female Executives offers another example of context shaping care. A female executive may seek therapy for anxiety or burnout, but the work may involve more than stress management. It may include the emotional cost of authority, scrutiny, perfectionism, isolation, caretaking expectations, anger that has no acceptable outlet, or the difficulty of needing support when others rely on her steadiness. A generic instruction to "set boundaries" may miss the complexity. Good psychotherapy asks what boundary-setting costs in that person's real environment.

Religious trauma also requires nuance. Some clients want to remain connected to faith while healing from harm. Others need distance from religious settings that once defined their life. Some are unsure and feel grief either way. Ethical therapy does not impose a spiritual answer. It helps the client examine experience, meaning, fear, loyalty, anger, and longing with enough room to breathe.

How a mental health clinic holds the work

A mental health clinic, group practice, or independent practice provides more than a room and a calendar. It creates the container for clinical practice. That container may include intake procedures, documentation, confidentiality policies, informed consent, therapist qualifications, scheduling, referrals, and standards for care. These details may not feel emotionally central, but they protect the work.

Clients should know what service they are receiving and from whom. They should understand the difference between Individual Therapy, Couples Therapy, Group Therapy, Sex Therapy, EMDR Therapy, or Premarital Counseling when those services are offered. They should know whether the clinician has the training required for the specialty. They should have a chance to ask questions about the process.

This is especially important because the word "therapy" appears in many places now. Not every supportive service is psychotherapy. Not every person offering emotional guidance is a licensed mental health professional. In a mental health service setting, psychotherapy carries professional responsibilities that informal support does not. That distinction is not about elitism. It is about safety, competence, and accountability.

A client who has been harmed by careless advice, spiritual coercion, or dismissive care may be understandably cautious. A good clinic does not rush past that caution. It explains what psychotherapy is, what it is not, and how the client can participate in decisions about care.

The quiet courage of beginning

Starting psychotherapy can feel like admitting something has gone wrong. It may be more accurate to see it as turning toward what has already been asking for attention. People often wait until distress becomes hard to hide. They wait until the panic attack, the affair, the collapse after years of overwork, the eating disorder symptoms that no longer feel controllable, the grief that will not soften, the depression that makes ordinary tasks feel far away.

But therapy is not only for crisis. It is also for people who want to understand themselves before the breaking point. It is for couples who want to speak honestly before resentment calcifies. It is for leaders who want to live with less fear behind their competence. It is for people untangling shame from sexuality, identity, religion, family, achievement, and need. It is for those who have survived by disconnecting and now want to feel present again.

Psychotherapy in a mental health service setting is both deeply human and professionally structured. It uses conversation, but it is more than conversation. It relies on relationship, but it is not friendship. It may include diagnosis, but it is not reducible to labels. It respects symptoms as meaningful signals, not character flaws. At its best, it offers a place where pain can be named accurately, patterns can be understood compassionately, and change can be pursued with patience rather than force.

For many clients, the first relief is not that everything changes quickly. It is the experience of sitting with a trained person who does not look away, does not panic, does not flatten the story, and does not treat suffering as a personal failure. From there, the work begins.

Name: Destination Therapy

Address: 3730 Kirby Dr Suite 204, Houston, TX 77098

Phone: (346) 266-2912

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

Email: hello@thedestinationtherapy.com

Hours:

Sunday: Closed

Monday: 8:00 AM - 6:00 PM

Tuesday: 8:00 AM - 6:00 PM

Wednesday: 8:00 AM - 6:00 PM

Thursday: 8:00 AM - 6:00 PM

Friday: 8:00 AM - 6:00 PM

Saturday: 9:00 AM - 2:00 PM

Open-location code / plus code: PHMJ+56 Greenway / Upper Kirby Area, Houston, TX, USA

Map/listing URL: <https://maps.app.goo.gl/Jb9D6mv5G63BW4vUA>

Google Map:

Socials:

<https://www.facebook.com/profile.php?id=100083268884089>

https://www.instagram.com/destination_therapy/

<https://www.linkedin.com/company/destination-therapy>

<https://www.yelp.com/biz/destination-therapy-houston>

<https://thedestinationtherapy.com/>

Destination Therapy provides psychotherapy and counseling services for adults and couples from its Houston office in the Upper Kirby area.

The practice offers individual therapy, couples therapy, EMDR therapy, sex therapy, premarital counseling, LGBTQ+ affirming therapy, BIPOC therapy, group therapy, and therapy in Spanish.

Clients can visit the Houston office at 3730 Kirby Dr Suite 204, Houston, TX 77098, or ask about secure telehealth options when located in an eligible state.

Destination Therapy serves Houston-area clients in person and provides telehealth for clients located in Texas, New York, California, Massachusetts, and Utah.

The team works with adults and couples navigating anxiety, burnout, depression, trauma, relationship stress, perfectionism, religious trauma, and other mental health concerns.

Destination Therapy emphasizes affirming, culturally responsive care for ambitious professionals, BIPOC clients, LGBTQ+ clients, and people with intersectional identities.

To ask about scheduling, call (346) 266-2912 or visit <https://thedestinationtherapy.com/>.

The public map listing for Destination Therapy points to its Houston office near Kirby Drive in the 77098 ZIP code.

Houston clients near Upper Kirby, River Oaks, Montrose, Greenway Plaza, and West University can contact Destination Therapy to ask about in-person and online therapy availability.

For urgent mental health emergencies, Destination Therapy directs people to emergency resources such as 988, 911, or the nearest emergency room rather than using the website or client portal for crisis support.

Popular Questions About Destination Therapy

What does Destination Therapy do?

Destination Therapy provides psychotherapy and counseling services for adults and couples. Publicly listed services include individual therapy, couples therapy, EMDR therapy, sex therapy, premarital counseling, LGBTQ+ affirming therapy, BIPOC therapy, group therapy, and therapy in Spanish.

Where is Destination Therapy located?

Destination Therapy is located at 3730 Kirby Dr Suite 204, Houston, TX 77098. The practice is in the Upper Kirby area and also offers telehealth for eligible clients in select states.

Does Destination Therapy offer online therapy?

Yes. Destination Therapy publicly lists secure telehealth services for clients located in Texas, New York, California, Massachusetts, and Utah. Clients should confirm eligibility and therapist availability directly with the practice.

Does Destination Therapy offer couples therapy?

Yes. Destination Therapy offers couples therapy and premarital counseling. The practice works with couples navigating relationship stress, communication challenges, intimacy concerns, and other relational issues.

Does Destination Therapy offer EMDR therapy?

Yes. EMDR therapy is one of the services publicly listed by Destination Therapy. EMDR may be used by trained clinicians as part of trauma-informed care when appropriate for the client's needs.

Does Destination Therapy serve LGBTQ+ and BIPOC clients?

Yes. Destination Therapy publicly describes its approach as affirming, anti-racist, and culturally responsive. The practice lists LGBTQ+ affirming therapy and BIPOC therapy among its services.

What are Destination Therapy's hours?

The public listing shows Monday through Friday from 8:00 AM to 6:00 PM, Saturday from 9:00 AM to 2:00 PM, and Sunday closed. Scheduling availability may vary by clinician, so clients should confirm appointment times directly.

Does Destination Therapy accept insurance?

The official website states that Destination Therapy is a private-pay practice and may provide superbills for possible out-of-network reimbursement. Clients should confirm current fees and insurance-related details before scheduling.

Is Destination Therapy a crisis service?

No. Destination Therapy states that its website and client portal are not for emergencies. In an immediate crisis or medical emergency, call 911, call or text 988, or go to the nearest emergency room.

How can I contact Destination Therapy?

Call (346) 266-2912, email hello@thedestinationtherapy.com, visit <https://thedestinationtherapy.com/>, or view the practice on social media at <https://www.facebook.com/profile.php?id=100083268884089>, https://www.instagram.com/destination_therapy/, and <https://www.linkedin.com/company/destination-therapy>.

Landmarks Near Houston, TX

Upper Kirby: Destination Therapy's Houston office is located in the Upper Kirby area, making it a practical option for nearby residents and professionals seeking in-person therapy.

Kirby Drive: The office is located on Kirby Drive, a major local corridor connecting nearby neighborhoods, restaurants, offices, and residential areas.

River Oaks: River Oaks is a nearby Houston neighborhood. Residents can contact Destination Therapy to ask about in-person sessions at the Kirby Drive office or telehealth availability.

Montrose: Montrose is close to the Upper Kirby area and is a useful landmark for clients looking for affirming therapy services near central Houston.

Greenway Plaza: Greenway Plaza is a major business district near the office. Professionals in the area can ask Destination Therapy about appointment availability before, during, or after the workday.

West University Place: West University Place is near the Kirby Drive corridor. Adults and couples in this area can reach out to Destination Therapy for therapy options in Houston or online.

Rice Village: Rice Village is a well-known shopping and dining area near Upper Kirby. Clients nearby can contact Destination Therapy for care options at the Houston office.

Rice University: Rice University is a major Houston landmark near the 77098 area. Destination Therapy can be a local reference point for adults seeking therapy near central Houston.

Levy Park: Levy Park is a popular community park near Upper Kirby. People living or working nearby can ask Destination Therapy about in-person and telehealth scheduling.

Menil Collection: The Menil Collection is a notable cultural destination near Montrose. Clients in nearby neighborhoods can contact Destination Therapy for counseling services in the Houston area.

Houston Museum District: The Museum District is a major cultural area east of Upper Kirby. Destination Therapy serves Houston clients from its Kirby Drive office and through eligible telehealth options.

Texas Medical Center: The Texas Medical Center is one of Houston's largest employment and healthcare hubs. Busy professionals in the broader central Houston area can contact Destination Therapy to ask about therapy services.