Depression can make ordinary life feel strangely heavy. A shower becomes a negotiation. A text message sits unanswered for days. Work gets done, perhaps, but with a private cost no one else can see. For some people, depression looks like crying in the car before going inside. For others, it looks like numbness, irritability, sleeping too much, sleeping too little, or moving through the day with a face that convinces everyone else things are fine.

Therapy can help with that weight. Not instantly, and not by pretending pain is simple, but by giving depression a place to be understood, treated, and gradually loosened. Depression therapy is a mental health service provided by trained, licensed professionals, including psychologists and other clinicians such as psychiatrists, counselors, social workers, and psychiatric nurses. The right provider will depend on your needs, location, preferences, insurance, and whether medication, psychological testing, trauma treatment, or another service is part of the picture.

A psychologist is often one of the first professionals people think of when they consider therapy for depression. In the United States, psychologists are typically doctoral-level mental health professionals, often trained through a PhD, PsyD, or EdD pathway. They are not medical doctors, but they can evaluate and treat mental health concerns such as depression. Many psychologists provide psychotherapy, and some also conduct assessments, teach, Psychologist or do research. Their work is regulated by state psychology boards, which oversee licensure and professional standards.

Psychologist

Still, a psychologist is not the only person qualified to provide psychotherapy. Good care often comes from different licensed providers, and the title matters less than fit, training, scope of practice, and the quality of the therapeutic relationship.

What depression therapy is really trying to change

When people first come to therapy for depression, they often want one thing: to feel like themselves again. That wish is completely reasonable. But depression therapy usually works by addressing several layers at once.

There is the symptom layer, which may include low mood, loss of interest, fatigue, guilt, concentration problems, appetite changes, sleep disruption, slowed movement, agitation, or fullcupwellness.com Mental health service thoughts that life is not worth living. There is also the life layer, where depression intersects with relationships, work, caregiving, health problems, grief, isolation, identity, and past experiences. Then there is the pattern layer, which includes the habits of thinking, avoiding, over-functioning, withdrawing, or self-blaming that can keep depression active even when the original stressor has passed.

A skilled therapist does not reduce a person to symptoms. At the same time, symptoms matter. If someone is sleeping three hours a night, missing meals, drinking more than usual, and canceling every plan, therapy cannot stay only in the realm of insight. The work has to become practical. What can be stabilized this week? What support is missing? What thoughts become most dangerous at night? What has helped before, even a little? What needs medical evaluation? What needs to be spoken aloud for the first time?

Evidence-based psychotherapies can reduce symptoms of depression, anxiety, and other mental disorders. That phrase, “evidence-based,” can sound sterile, but in practice it simply means the therapy has been studied and shown to help many people with certain problems. It does not mean every session follows a script. Good therapy uses clinical knowledge while still listening closely to the person in the room.

Psychologists and other licensed providers: understanding the differences

Choosing a therapist can be confusing because mental health titles overlap. A psychologist, counselor, social worker, psychiatrist, and psychiatric nurse may all be involved in mental health care, yet their training and scope can differ.

A psychologist typically has doctoral-level training in psychology. Many provide psychotherapy for depression, anxiety, trauma, relationship concerns, life transitions, and other mental health needs. Psychologists may also offer psychological assessment, which can be helpful when symptoms are complex, when diagnosis is unclear, or when someone needs a deeper evaluation of mood, attention, learning, personality, or functioning.

Psychiatrists are medical doctors. In many settings, they focus on diagnosis and medication management, though some also provide **Mental health service** psychotherapy. Psychiatric nurses may also be part of mental health treatment, depending on their training and licensure. Licensed counselors and licensed clinical social workers often provide psychotherapy and may have deep experience in depression therapy, anxiety therapy, trauma therapy, family stress, grief, and adjustment concerns.

A person seeking therapy does not need to become an expert in every credential. But it is fair to ask direct questions. What is your license? Are you licensed in this state? What experience do you have treating depression? How do you approach therapy when someone is also dealing with anxiety or trauma? What happens if symptoms worsen?

These questions are not rude. They are part of informed care. A grounded therapist will welcome them.

Why licensure matters

Licensure is not a guarantee that every therapist will be the right fit, but it does establish a basic public standard. State boards regulate mental health professions to protect public welfare. For psychologists, licensure generally involves advanced education, supervised experience, examination, and adherence to professional rules. Other licensed providers also practice under state-defined requirements.

This matters because therapy involves trust, vulnerability, and judgment. A person may disclose suicidal thoughts, trauma memories, intimate relationship dynamics, substance use, or fears they have never said out loud. The therapist needs training not only in listening, but also in assessment, risk, ethics, confidentiality, boundaries, and when to refer to another level of care.

There are also edge cases where licensure and scope of practice become especially important. If depression includes hallucinations, severe impairment, manic symptoms, active self-harm, or significant substance use, the provider must know how to respond. If a client needs medication evaluation, the therapist should be able to discuss referral options. If trauma symptoms are prominent, the therapist needs enough training to avoid pushing too quickly into material the client cannot yet tolerate.

A warm personality is valuable. It is not a substitute for competence.

What depression can look like in real life

Depression is not always obvious. Some people function at a high level and collapse only when they are alone. Others stop functioning in visible ways. A parent may keep the household running but feel nothing while doing it. A college student may sit in the library for six hours and absorb almost nothing. A professional may answer

emails at midnight because every task now takes twice as long. A retired person may lose interest in friends, food, hobbies, and still describe it as “just getting older.”

In therapy, people often minimize symptoms at first. They say, “Other people have it worse,” or “I should be able to handle this,” or “I’m not depressed, I’m just lazy.” Those statements can be part of depression’s grip. The condition often attacks the very capacities needed to seek help: motivation, hope, clarity, and self-compassion.

A careful therapist listens for what has changed. How long has this been going on? What feels harder than it used to? What has disappeared from life? What thoughts repeat? What does the person do when mood drops? Are there moments of relief? Are there thoughts of death or self-harm? These questions are not asked to interrogate. They help map the problem so treatment can begin in the right place.

Depression, anxiety, and trauma often travel together

Many people who seek depression therapy are not dealing with depression alone. Anxiety may be woven through it. Trauma may sit underneath it. Sometimes depression arrives after months or years of living in a state of threat, vigilance, or emotional exhaustion.

Anxiety therapy and depression therapy frequently overlap because anxious avoidance can shrink a person’s world, while depression can make that smaller world feel permanent. Someone with social anxiety may stop seeing friends, then become lonely and depressed. Someone with panic attacks may avoid driving, stores, or meetings, then feel ashamed and stuck. Exposure therapy, a type of cognitive behavioral therapy, is used for anxiety disorders and can help people gradually face feared situations in a structured way. But when depression is also present, pacing matters. A therapist has to consider energy, hopelessness, sleep, and motivation rather than simply pushing for exposure assignments.

Trauma therapy adds another layer. Traumatic stress and PTSD are major areas of psychological care, and trauma-informed treatment requires skill. Depression after trauma can look like numbness, self-blame, disconnection, anger, or a loss of faith in oneself and others. Some clients come to therapy saying they are depressed, then slowly reveal experiences they have worked hard not to remember. Others know trauma is central from the first session and need help with nightmares, triggers, shame, or feeling unsafe in their own bodies.

Good trauma therapy does not force disclosure before a person has enough stability. It helps build safety, emotional regulation, and trust. The therapist and client decide together how to approach painful memories. For some people, the first months of therapy are less about telling the whole story and more about learning how to sleep, breathe, notice triggers, reduce self-blame, and stay connected to the present.

Therapy for women, without reducing women to one story

Therapy for women is not a separate professional license or a special credential by itself. It usually means therapy that is attentive to experiences many women bring into the room: caregiving pressure, reproductive health concerns, pregnancy or postpartum adjustment, gendered expectations, relationship safety, workplace stress, body image, trauma, grief, and the mental load of managing everyone else’s needs.

The phrase can be useful when it helps a client find a therapist who understands the context of her life. It becomes less useful if it flattens women into a single category. A 24-year-old navigating depression after a breakup, a 39-year-old balancing work and infertility treatment, a 52-year-old caring for an aging parent, and a 70-year-old grieving the death of a spouse may all want therapy for women, but their needs are not interchangeable.

Depression in women can also be hidden behind competence. A woman may arrive in therapy with a calendar full of obligations and say, “I don’t know why I’m so tired.” She may not call it depression because she is still getting things done. Yet the cost may be severe: no pleasure, no rest, constant guilt, anger that frightens her, or the quiet belief that her needs are burdensome.

A therapist who works well with women does not assume the answer is simply better self-care. Sometimes the work is about boundaries. Sometimes it is grief. Sometimes it is trauma therapy. Sometimes it is anxiety therapy. Sometimes it is a careful look at depression symptoms that have been normalized for too long.

What happens in the first few sessions

The first session is often less mysterious than people fear. It usually involves a conversation about what brought you in, what symptoms you are experiencing, your history, your current life, and what you hope therapy will help change. The therapist may ask about sleep, appetite, work, relationships, medical concerns, medication, substance use, past therapy, family history, trauma, and safety.

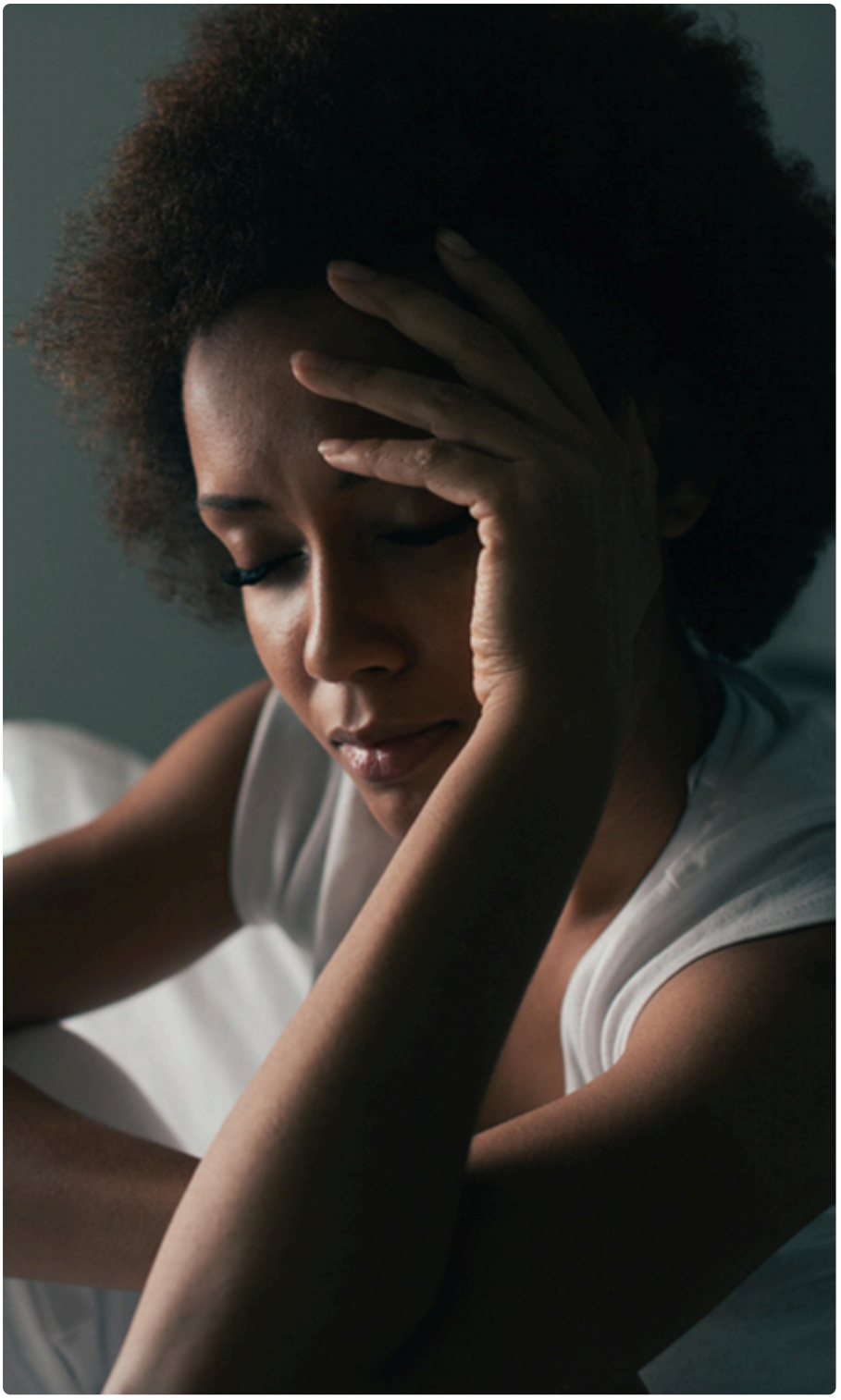
For someone who is depressed, even telling the story can be tiring. A good provider notices this. They may slow down, summarize, ask permission before sensitive questions, or focus on immediate support rather than trying to gather every detail at once.

Early therapy also includes deciding whether the provider is a good fit. Fit does not mean every session feels comfortable. Therapy can stir grief, fear, anger, and vulnerability. But there should be a basic sense that the therapist is listening, taking you seriously, explaining their approach, and treating you with respect.

A practical early conversation may cover these areas:

1. What symptoms are most urgent right now, including any safety concerns.
2. What goals would make therapy feel worthwhile after several weeks or months.
3. What kind of therapy approach the provider uses for depression.
4. Whether anxiety, trauma, grief, or relationship stress also need attention.
5. Whether coordination with a physician, psychiatrist, or another provider may be helpful.

That is one of the reasons therapy is difficult to describe from the outside. Two clients may both enter depression therapy, but one needs behavioral activation and routine rebuilding, another needs trauma-focused care, another needs help with panic and avoidance, and another needs space to mourn a loss that everyone else expects them to be “over.”



The quiet work of getting unstuck

Depression often narrows life. It tells people not to answer the phone, not to go outside, not to try because it will not help anyway. Therapy gently challenges that narrowing.

This does not mean a therapist gives cheerful advice. Most depressed clients have already received plenty of advice. “Exercise more.” “Think positive.” “Be grateful.” “Get out of the house.” Advice may contain a grain of truth, but when delivered without understanding, it can deepen shame.

In good depression therapy, change is broken into pieces small enough to be possible. A client who has not opened mail in a month may start with one envelope during session. Someone who has stopped eating breakfast may choose a realistic option that requires no cooking. Someone who feels worthless may learn to identify the exact thought that appears after a mistake, then examine it with more fairness. Someone who has withdrawn from friends may send one honest text, not a polished explanation.

Small actions matter because depression responds to lived evidence. A person may not be able to believe, “My life can improve.” But they may be able to notice, “I felt one percent less awful after walking around the block,” or “I expected my friend to judge me, and she didn’t,” or “I cried in session and survived it.” Therapy collects these moments until they begin to form a different picture.

Progress is rarely clean. There may be a few better days followed by a crash. Medication changes, anniversaries, family conflict, health issues, or work stress can stir symptoms again. A therapist helps distinguish relapse from failure. A bad week is information, not proof that therapy is useless.

When depression includes thoughts of death

Depression can become dangerous. Some people have passive thoughts such as, “I wish I wouldn’t wake up.” Others have more active thoughts of suicide or self-harm. These experiences deserve direct, compassionate attention.

A therapist should ask about safety when depression is significant. Clients sometimes fear that mentioning suicidal thoughts will automatically lead to hospitalization. In reality, therapists assess many factors, including intent, plan, access to means, past attempts, protective factors, substance use, support, and ability to stay safe. The response depends on the level of risk. Sometimes the next step is a safety plan and increased support. Sometimes it is involving another provider or a trusted person. Sometimes emergency care is needed.

If you are in immediate danger or believe you may act on suicidal thoughts, emergency services or a crisis line in your area is the right level of support. Therapy is important, but urgent risk needs urgent care.

It is also worth saying plainly: having suicidal thoughts does not make someone bad, weak, dramatic, or beyond help. It means the pain has exceeded the person’s current capacity to hold it alone. Many people recover from periods of suicidal thinking with proper support and treatment.

How long therapy takes

People often ask how long depression therapy will take, and the honest answer is that it varies. Some people feel meaningful relief in a relatively short period, especially when depression is mild to moderate, recent, and connected to identifiable stressors. Others need longer care because depression is recurrent, severe, trauma-related, medically complicated, or tied to long-standing patterns.

A therapist may recommend weekly sessions at the start, because momentum matters. When sessions are too far apart, especially early on, clients may spend most of each appointment catching up rather than building skills or doing deeper work. Over time, sessions may become less frequent as symptoms improve and the client has more support outside therapy.

The better question may be, “How will we know therapy is helping?” Signs of progress can be subtle before they become dramatic. Sleep may become steadier. The client may recover faster after a hard day. Avoided tasks may feel less impossible. Self-critical thoughts may still appear, but carry less authority. Pleasure may return in brief flashes before it becomes reliable. Relationships may become more honest.

Progress can also mean making hard choices. A person may realize a work environment is unsustainable, a relationship is unsafe, or a family role has consumed too much of their life. Therapy does not always make life easier immediately. Sometimes it helps a person stop abandoning themselves, and that can disrupt old arrangements.

Finding a provider who fits

Searching for a therapist while depressed can feel unfairly difficult. The process may involve insurance directories, waitlists, consultation calls, paperwork, and decisions at a time when decision-making is already hard. If possible, it can help to ask a trusted person to sit with you while you make calls or compare options.

A consultation call, when available, can reveal a lot. You do not need to tell your whole story. You can briefly say that you are looking for depression therapy and ask how the provider typically works. If trauma, anxiety, or women’s mental health concerns are part of why you are seeking care, mention that too. If you are considering a practice such as Full Cup Wellness or another mental health service, the same questions apply: who will provide the therapy, what license do they hold, what issues do they treat, and how do they handle situations that require additional support?

Useful questions include:

1. Are you licensed to provide therapy in my state?
2. What experience do you have with depression therapy?
3. Do you also provide anxiety therapy or trauma therapy when those concerns overlap?
4. How do you approach safety concerns, including suicidal thoughts?
5. What should I expect during the first few sessions?

Fit may take more than one meeting to judge. Some people feel immediate relief when a therapist's style matches their needs. Others need time, especially if trust is difficult. Still, if you feel dismissed, judged, rushed, or stereotyped, it is reasonable to look elsewhere. Therapy is personal. The relationship matters.

When therapy and medication both matter

Because psychologists are not medical doctors, they generally do not function as prescribing physicians. If medication is part of treatment, a psychiatrist, primary care physician, psychiatric nurse, or another appropriately licensed medical provider may be involved, depending on the setting and state rules. Therapy can still be central, even when medication helps.

Some people prefer to try therapy first. Others arrive after years of recurring depression and want a medication evaluation right away. Some are already taking medication and need therapy to address patterns medication alone has not changed. There is no moral ranking here. Needing medication does not mean therapy failed. Wanting therapy does not mean someone is avoiding "real" treatment. Depression has biological, psychological, social, and situational dimensions, and treatment often needs to respect more than one of them.

Coordination can be helpful when symptoms are significant. With permission, a therapist may communicate with a prescribing provider so care is not fragmented. The client should understand what information is shared and why. Good coordination protects privacy while making treatment safer and more coherent.

What good therapy feels like over time

Good therapy is not always comforting, but it should be humane. Over time, many clients begin to notice that session is a place where they do not have to perform. They can say the thing they edit out everywhere else. They can admit envy, resentment, fear, shame, exhaustion, numbness, or anger. They can be more complicated than "doing fine."

A psychologist or other licensed provider may help name patterns the client could not see alone. For example, a client may discover that depression spikes after every visit with a critical parent. Another may notice that work praise briefly lifts mood but never touches the deeper belief of being inadequate. Another may realize that

anxiety keeps them over-preparing, depression follows the crash, and the whole cycle has been mistaken for ambition.

The therapist's role is not to take over the client's life. It is to help the client relate to their own life with more clarity, agency, and care. Sometimes that means learning skills. Sometimes it means grieving. Sometimes it means practicing conflict. Sometimes it means sitting quietly with pain that has never had a witness.

There are sessions where nothing dramatic happens, yet the work accumulates. A client says no and does not over-explain. A client notices a self-critical thought and does not obey it. A client goes to bed instead of spiraling online for three hours. A client tells the truth about how bad things have been. These are not small victories to the person living them. They are signs of movement.

A more compassionate way to begin

If you are considering depression therapy, you do not need to prove that you are suffering enough. You also do not need to know exactly what kind of therapy you need before reaching out. It is enough to say, "I have not been feeling like myself," or "I think I may be depressed," or "I'm functioning, but barely," or "I need help."

A psychologist can be an excellent choice, particularly when you want doctoral-level psychological expertise, therapy, and possibly assessment. Another licensed provider may also be the right fit, especially if they have strong experience with your concerns and practice within their scope. What matters is that you receive care from someone trained, licensed, attentive, and capable of helping you navigate depression with seriousness and respect.

Depression often convinces people that nothing will change. Therapy begins with a different possibility: not forced optimism, not quick fixes, but a steady relationship built around understanding what is happening and finding a way through. For many people, that is the first place hope returns, not as a feeling they can summon on command, but as something borrowed from the room until it becomes their own again.

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.