

People often reach for the word “therapy” when life has become too heavy to carry alone. Sometimes the concern is sharp and recent, such as a traumatic event, a rupture in a relationship, or the first panic attack that makes a person wonder whether their body is betraying them. Other times it is quieter and more familiar. Depression that has settled into the background. Perfectionism that looks impressive from the outside but feels punishing inside. Burnout that makes even small decisions feel expensive. Anxiety that has become so normal it is mistaken for personality.

Psychologists provide counseling and mental health services by bringing trained attention to these patterns. Their work is not simply conversation, comfort, advice, or encouragement, though warmth and encouragement may be part of the room. Psychology is the scientific study of mind and behavior, and clinical practice includes assessment, diagnosis, and treatment of emotional and behavioral problems. That combination matters. A psychologist listens for meaning, but also for patterns. They attend to feelings, thoughts, behavior, relationships, identity, history, and context.

A person may enter a mental health clinic asking for a counselor, a psychotherapist, or simply “someone to talk to.” Those terms overlap in everyday language, but they are not identical in professional use. A psychotherapist is a professionally trained and licensed mental health professional who treats mental, emotional, and behavioral disorders through psychological means. The word can include clinical psychologists, counselors, social workers, psychiatrists, and psychiatric nurses, depending on training and licensure. A psychologist is professionally trained in psychology and typically holds a **thedestinationtherapy.com Anxiety therapy** doctoral degree in psychology from an organized, sequential program. Psychologists may provide counseling and other mental health services, and many do so in clinics, group practices, independent practices, and health settings.

Behind the title is a careful kind of work: understanding what is happening, helping the person name it accurately, and choosing a treatment approach that fits the concern rather than forcing every person into the same mold.

Counseling is not just “talking it out”

Good therapy can look simple from the outside. Two people sit in a room, or on a secure video call, and talk. There may be pauses. There may be tears. There may be moments of humor, embarrassment, frustration, grief, or relief. But psychotherapy is not ordinary conversation. It is a psychological service that uses communication and interaction to assess, diagnose, and treat dysfunctional emotional reactions, thinking patterns, and behavior patterns.

That phrase, “communication and interaction,” is easy to underestimate. The interaction itself gives the psychologist information. How does the client describe pain? Where do they become vague, ashamed, angry, or numb? Do they blame themselves for everything, or locate every problem outside themselves? Do they speak with precision about work but become lost when talking about their own needs? Do they minimize experiences that would make most people wince? Do they intellectualize feelings so thoroughly that no feeling gets to breathe?

A skilled psychologist listens to the story and the way the story is told. The goal is not to catch a person in contradiction. It is to understand the organizing patterns that shape distress. Someone seeking Individual Therapy for Anxiety may initially describe a work problem, then slowly reveal that every unanswered message feels like evidence of rejection. A client struggling with Depression may say they are “lazy,” when the deeper clinical picture involves loss of pleasure, withdrawal, sleep disruption, hopelessness, and a harsh internal narrative.

A person seeking Therapy for Female Executives may arrive with a polished explanation about leadership strain, while privately fearing that one mistake will expose them as inadequate.

The psychologist's task is to help turn distress into something workable. Not smaller than it is. Not exaggerated. Workable.

What assessment looks like in real clinical practice

Assessment begins before any formal label enters the room. It begins with the psychologist learning what brought the person in, what has changed, what has stayed the same, and what the client hopes will be different. Assessment may include questions about mood, anxiety, relationships, eating patterns, sleep, trauma, identity, sexuality, work, family history, cultural background, spiritual or religious history, and current stressors. The point is not to interrogate. The point is to avoid treating one visible symptom while missing the structure underneath it.

For example, two people may both say, "I can't stop worrying." One may be navigating Anxiety connected to a current relational conflict. Another may be living with the aftereffects of traumatic or distressing experiences and needs trauma-informed care, possibly including EMDR Therapy from a clinician trained in that method. A third may be caught in Perfectionism that produces constant threat monitoring: every email, every meeting, every facial expression from a supervisor becomes data in a private courtroom. Similar words, different clinical meanings.

Assessment also helps identify when a client's presenting concern is part of a broader pattern. Burnout may involve work demands, but it may also be tied to depression, people-pleasing, identity pressure, caregiving strain, or a belief that rest must be earned through exhaustion. Eating Disorders require particular care because the behavior around food, body, control, shame, and emotion may serve functions that are not obvious to outsiders. Religious Trauma may appear as anxiety, relationship difficulty, sexual shame, grief, or fear of punishment long after a person has left a faith community or changed their beliefs.

A diagnosis, when used, should not reduce a person to a label. At its best, it gives language to a pattern and guides treatment. Many clients feel relief when an experience that seemed like personal failure becomes clinically understandable. Others feel wary of labels, often for good reasons. A thoughtful psychologist holds both realities. Diagnosis can be useful, and it can be mishandled. The human being always remains larger than the category.

The treatment relationship matters

A mental health service is not only a set of techniques. The relationship between psychologist and client carries real clinical importance. People speak differently when they feel respected. They risk more honesty when they do not feel judged. They return to painful material more willingly when the therapist has shown steadiness, humility, and care.

This is especially important for clients whose previous experiences with authority, family, institutions, or health care have taught them to self-protect. In BIPOC Therapy, for instance, cultural context is not a decorative add-on. Experiences of race, belonging, family expectation, migration history, community strength, discrimination, and code-switching may be central to the client's mental health. In LGBTQ-Affirming Therapy, sexual orientation, gender identity, relationships, family acceptance, safety, and self-definition must be approached without pathologizing the person's identity. The therapy room should not require a client to spend half the session educating the clinician before they can receive care.

A good psychologist knows that neutrality does not mean pretending social context does not exist. It means staying clinically responsible while making room for the client's lived reality. For some clients, that lived reality

includes being misunderstood in medical settings. For others, it includes growing up in communities where counseling was stigmatized, or where family privacy was treated as survival. For others, therapy itself may feel like a betrayal of loyalty to parents, partners, faith leaders, or cultural expectations.



Trust is built through repeated evidence. The psychologist listens carefully. They ask rather than assume. They repair when something lands wrong. They keep the focus on the client's goals. They respect complexity.

Individual therapy: making private patterns visible

Individual Therapy gives one person a focused space to work on emotional, behavioral, and relational patterns. It is often where people first say aloud what they have barely admitted to themselves. "I don't think I'm okay." "I'm tired of being the strong one." "I love my family, but I feel trapped." "Nothing terrible is happening, so why do I feel so bad?" "I'm successful, and I'm miserable."

Psychologists help clients track the links between thoughts, feelings, bodily responses, and behavior. A client with Anxiety may notice that avoidance offers short-term relief but makes the feared situation grow larger. A client with Depression may begin to see how withdrawal, self-criticism, and loss of routine reinforce each other. Someone with Perfectionism may discover that their standards are not merely high, but unsafe: anything less than flawless feels like danger.

The work is rarely linear. A client may understand a pattern intellectually before they can change it emotionally. Someone may recognize that their inner critic is cruel and still believe it. A person may want closeness and still pull away when a partner becomes loving. Therapy often moves between insight and practice. The psychologist helps the client notice the pattern in real time, reflect on where it came from, and experiment with new ways of responding.

There is tenderness in this kind of work, but not sentimentality. Change can be uncomfortable. If a client has survived by pleasing others, setting boundaries may feel rude before it feels healthy. If a client has relied on control to manage fear, loosening control may feel irresponsible before it feels freeing. A psychologist helps the client move at a pace that respects both courage and capacity.

Couples therapy and the work between people

Couples Therapy focuses on problems within and between partners that affect the relationship. Sessions may begin individually, but the work is usually conducted with both partners together. That distinction matters because the “client” is not simply one person or the other. The relationship itself becomes part of the clinical focus.

Couples often arrive with a familiar argument that has become painfully efficient. One partner pursues, the other withdraws. One criticizes, the other defends. One wants sex to feel connected, the other needs emotional safety before desire can return. One manages every practical detail and feels resentful, while the other feels constantly corrected and inadequate. By the time they seek help, both may feel lonely, and both may have a persuasive case.

A psychologist providing Couples Therapy listens for the cycle, not just the content. The fight about dishes may be about respect. The fight about money may be about safety. The fight about intimacy may be about rejection, shame, grief, resentment, or fear. Therapy can help partners slow down enough to hear what is underneath the argument.

Premarital Counseling has a different rhythm. It is often less about crisis and more about preparing honestly. Partners may explore communication, conflict, family expectations, sex, finances, values, religion, children, boundaries, and what commitment means to each person. The purpose is not to predict a perfect future. It is to create enough clarity that the couple can enter marriage with fewer silent assumptions.

Not every couple comes to therapy to stay together. Some come to decide. Some come to separate with less damage. Some come after betrayal and do not yet know whether repair is possible. A psychologist should not force a predetermined outcome. The ethical center is careful attention to safety, honesty, responsibility, and the stated goals of treatment.

Group therapy: healing in the presence of others

Group Therapy can be powerful because many psychological wounds are intensified by isolation. People often believe they are uniquely broken, uniquely ashamed, uniquely behind. Then someone across the room says a sentence that could have come from their own mind, and the private prison loses a wall.

Psychotherapy can be provided to groups as well as individuals, couples, and families. In **Psychotherapist** a group setting, the psychologist attends not only to each person’s material but also to the interactions among members. How do people ask for support? How do they respond to feedback? Who apologizes for taking up space? Who performs competence? Who disappears when emotion enters the room?

Group Therapy is not right for every concern at every stage. Some clients need individual stabilization first. Some need a group organized around a particular issue, such as grief, anxiety, identity, or relational patterns. Others benefit from the live practice of being known by peers rather than only by a professional. The trade-off is real: group work offers shared recognition and interpersonal learning, but it also asks clients to tolerate being seen by more than one person. For many, that is exactly the growth edge.

Specialized services require specialized training

Mental health care is broad, and no psychologist is equally suited to every concern. Responsible practice includes knowing when a client needs specialized treatment or a clinician with specific training.

EMDR Therapy is one example. EMDR is a therapeutic intervention used for mental health conditions and traumatic or distressing experiences, and it must be administered by an EMDR-trained clinician. It is widely discussed in trauma care, but it should not be treated as a casual technique that any provider can improvise.

When clients ask about EMDR, a psychologist should be able to explain whether it fits the presenting concern, whether they are trained to provide it, and what alternatives may also be appropriate.

Sex Therapy is another area where training matters. Sexual concerns can involve desire, pain, arousal, orgasm, shame, identity, trauma, relationship dynamics, medical factors, religious beliefs, and communication. AASECT, a professional organization devoted to sexual health through sexual therapy, counseling, and education, requires specific graduate-level sex therapy training for sex therapist certification. That matters because clients discussing sex are often vulnerable. They deserve care that is informed, respectful, and not shaped by the therapist's discomfort or assumptions.

Specialized care may also be important for Eating Disorders, Religious Trauma, LGBTQ-Affirming Therapy, BIPOC Therapy, and Therapy for Female Executives. These are not interchangeable niches. Each requires attention to context. A senior leader facing burnout may need therapy that understands power, visibility, decision fatigue, gendered expectations, and the loneliness of authority. A client recovering from religious trauma may need a clinician who can distinguish spiritual struggle from pathology, and who will not pressure the client toward either rejection or return. A person seeking LGBTQ-affirming care needs more than politeness. They need a therapist whose clinical frame does not treat their identity as the problem.

What a mental health clinic can offer

A mental health clinic may bring several services under one roof, which can make care easier to access and coordinate. Clinical practice commonly takes place in health and mental health clinics, group practices, and independent practices. The setting does not determine the quality of care by itself. A small independent practice may offer excellent specialized therapy. A larger clinic may offer a range of clinicians and services. What matters is fit, competence, ethics, and clarity about what is being provided.

People sometimes assume a mental health clinic is only for severe crises, while private therapy is for ordinary stress. That division is too simplistic. Clinics may serve people with many kinds of concerns, from anxiety and depression to relationship distress, trauma-related symptoms, eating concerns, burnout, identity exploration, or major life transitions. Independent practices may also treat complex and serious conditions. The best setting depends on the client's needs, the clinician's scope, and practical realities such as availability, cost, location, and service type.

The word "service" can sound sterile, but a mental health service is often deeply personal. It may be the place where someone learns that their panic attacks are not moral weakness. It may be where a couple speaks honestly for the first time in years. It may be where a client names a childhood experience as traumatic, or admits that success has become unbearable, or says they do not know how to live inside their own body without shame.

Matching the service to the person

Choosing between a psychologist, counselor, psychotherapist, clinic, or specialized provider can feel confusing, especially when someone is already distressed. Titles vary, and people often use them loosely. The central questions are practical and clinical: Is the professional trained and licensed for the service they provide? Do they have experience with the concern at hand? Does the approach make sense for the person's goals? Does the client feel respected enough to speak honestly?

Here is a simple way to think about fit without turning the search into an impossible research project:

1. Look for a licensed professional whose training matches the concern you want to address.

2. Ask directly about experience with issues such as Anxiety, Depression, trauma, Eating Disorders, Couples Therapy, Sex Therapy, or identity-affirming care.
3. Notice whether the provider explains their approach in language you can understand.
4. Pay attention to how you feel in the interaction, including whether you feel rushed, judged, minimized, or genuinely heard.
5. If you need a specialized service such as EMDR Therapy, ask whether the clinician has the required training to provide it.

The first appointment does not have to answer every question. Many people need a few conversations to sense whether the fit is workable. At the same time, clients do not owe a therapist endless patience if something feels clearly wrong, dismissive, or unsafe. Good clinicians understand that fit matters and should respond professionally when a client asks questions.

The role of empathy and professional judgment

Empathy is essential, but empathy alone is not enough. A friend can empathize. A psychologist must also assess, formulate, diagnose when appropriate, treat, and monitor whether the work is helping. They must know when to slow down and when to gently challenge avoidance. They must recognize when a client is using insight to avoid feeling, or using humor to deflect pain, or using crisis to stay away from grief.

Professional judgment appears in small choices. A client may want to spend every session analyzing a partner's flaws, while the psychologist helps them also examine their own boundaries and choices. Another client may push for trauma work before they have enough stability, and the therapist may need to pace the work carefully. A high-achieving client may request tools to become even more productive, while the deeper clinical need involves rest, self-worth, and a life not governed entirely by output.

The best therapy is neither passive listening nor aggressive fixing. It is collaborative. The psychologist brings training in mind, behavior, assessment, and treatment. The client brings lived experience, values, history, and the authority of their own interior life. The work happens where those forms of knowledge meet.

When therapy touches identity, culture, and belonging

No one enters counseling as a diagnosis floating in space. People arrive with bodies, names, languages, families, histories, communities, losses, privileges, fears, and loyalties. A psychologist who ignores that context may miss the meaning of symptoms.

Consider a client who grew up being told that family problems must never be discussed outside the home. Starting therapy may feel like disloyalty [Destination Therapy Mental health clinic](#) before it feels like care. Another client may be a queer adult who has learned to scan every room for safety. Their anxiety may not be irrational in the simplistic sense. It may be an adaptation to real experiences of rejection or threat. A Black professional seeking BIPOC Therapy may need room to discuss exhaustion that comes not only from workload, but from being watched, underestimated, overburdened, or expected to remain composed under pressure.

Religious Trauma can carry its own complexity. Some clients want nothing to do with religion after painful experiences. Others want to reclaim spirituality in a safer form. Others feel grief, anger, fear, longing, and confusion all at once. An empathic psychologist does not flatten that complexity into a slogan. They help the client make meaning without imposing one.

LGBTQ-Affirming Therapy works from a similar respect for self-definition. Affirming care does not mean the therapist agrees with every decision a client makes without thought. It means the therapist does not treat LGBTQ

identity as a defect, phase, rebellion, or clinical problem. From that foundation, real therapy can happen: relationship work, grief work, trauma work, sex therapy, family boundaries, depression, anxiety, and the ordinary human questions everyone deserves to bring into the room.

Common reasons people seek counseling

People often wait longer than they need to. They tell themselves therapy is for someone worse off, or that they should be able to handle it, or that their pain is not legitimate because they can still function. Functioning can hide a great deal. Many clients keep working, parenting, studying, smiling, and answering messages while privately falling apart.

Some of the most common concerns psychologists and other psychotherapists address include:

1. Anxiety that interferes with sleep, concentration, relationships, or decision-making.
2. Depression marked by withdrawal, hopelessness, low motivation, or loss of interest.
3. Burnout, especially when rest no longer restores energy or meaning.
4. Relationship distress, including recurring conflict, disconnection, betrayal, or sexual concerns.
5. Trauma-related distress, including the effects of frightening, overwhelming, or deeply painful experiences.

These categories often overlap. A person with burnout may also be depressed. A couple seeking help with conflict may also need Sex Therapy. A client with perfectionism may experience anxiety, eating concerns, and shame around rest. Someone with trauma may not use the word trauma at all. They may simply say, "I don't know why I react this way."

That sentence is often a doorway.

What progress can look like

Progress in therapy is not always dramatic. Sometimes it looks like a person pausing before sending the defensive text. **Mental health service** Sometimes it looks like eating a meal with less punishment attached. Sometimes it is a client noticing, for the first time, that their chest tightens whenever they say yes but mean no. Sometimes it is a couple interrupting the old argument five minutes earlier than usual. That may sound small unless you have watched how much pain can live inside those five minutes.

Progress may also involve grief. When people understand what happened to them, or what they needed and did not receive, they may feel worse before they feel better. Not because therapy is failing, but because numbness is lifting. A psychologist helps hold that process with care, so insight does not become overwhelm.

There are also practical shifts. A client may communicate more clearly, avoid less, sleep more consistently, set boundaries, seek medical support when needed, reconnect with values, or make decisions they have postponed for years. Therapy does not remove all suffering. It can help people suffer less alone, less blindly, and less under the rule of old patterns.

The pace varies. Some people come for a focused concern and do meaningful work in a shorter period. Others need longer treatment because the patterns are longstanding, the pain is layered, or the work touches trauma, identity, relationships, and self-worth at once. A responsible psychologist does not promise a guaranteed timeline. They track whether the work has direction.

The quiet dignity of asking for help

Seeking counseling is sometimes described as brave, and it often is. But many people do not feel brave when they make the call. They feel tired. Embarrassed. Skeptical. Desperate. Numb. They may worry that a therapist will think they are too much, or not enough, or beyond help, or wasting time.

A psychologist providing mental health services meets people at that threshold. The work begins with enough safety to speak honestly, then continues through assessment, understanding, treatment, and change. It may take place in a mental health clinic, a group practice, or an independent practice. It may involve Individual Therapy, Couples Therapy, Group Therapy, Premarital Counseling, EMDR Therapy, Sex Therapy, or affirming care shaped around culture, identity, and lived experience.

At its heart, psychotherapy is a disciplined human encounter. It uses communication and interaction to understand and treat emotional, cognitive, and behavioral suffering. It asks careful questions. It respects context. It makes room for pain without reducing a person to pain.

For many clients, the most healing sentence is not dramatic. It is something like, "What you are describing makes sense, and we can work with it." That is often where counseling truly 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.