

A life transition rarely arrives as one clean, dramatic event. More often, it shows up as a stack of changes that begin to press on the nervous system, the relationship, the body, the workday, and the private thoughts a person carries into bed at night. A new role at work. A breakup that still feels unreal. A marriage that is loving but strained. A move away from familiar people. A faith community that no longer feels safe. A diagnosis, a loss, a birth, a graduation, a retirement, a shift in identity, or the slow recognition that life looks successful from the outside but feels unmanageable from the inside.

Counselor support can be especially valuable in these seasons because transitions ask a person to adapt while they are often already depleted. The practical decisions may be obvious, sign the lease, accept the promotion, schedule the appointment, tell the family, leave the relationship, repair the relationship, but the emotional work underneath those decisions can be far more complex. A Counselor or Psychotherapist offers a structured, confidential space to examine what is happening, understand emotional and behavioral patterns, and begin making choices from clarity rather than panic, shame, or exhaustion.

Psychotherapy is not simply “talking about problems.” It is a Mental health service that uses communication and interaction to assess, diagnose, and treat distressing emotional reactions, thinking patterns, and behavior patterns. It can support individuals, couples, families, and groups. At its best, therapy helps people notice what they have been surviving, name what has become too heavy to carry alone, and practice new ways of relating to themselves and others.

When a transition becomes more than “just stress”

People often wait until they can prove their pain is serious enough before reaching out. They tell themselves they should be grateful, resilient, spiritual, disciplined, productive, or “over it by now.” That delay is understandable. Many people learned early that emotional needs were inconvenient or unsafe. Others have spent years being the dependable one, the high performer, the peacekeeper, the parentified child, the executive who never lets the room see her sweat.

There is a difference, though, between normal adjustment stress and emotional strain that deserves professional attention. A person may be functioning on paper while internally fighting Anxiety each morning, dragging through Burnout, or noticing the dull heaviness of Depression. They may be eating in ways that feel compulsive, restricted, secretive, or punishing. They may feel trapped by Perfectionism, unable to rest without guilt. They may avoid intimacy, conflict, sex, grief, anger, or silence because each one touches something tender.

A life transition becomes clinically important not only when someone “falls apart,” but when their familiar coping strategies stop working. The busy person can no longer outwork the sadness. The couple can no longer keep the same argument contained. The spiritual framework that once offered comfort now activates fear or shame. The person who always managed through control realizes that control has become a cage.

A Mental health clinic or independent practice may offer support at different levels depending on a person’s needs. Some people seek Individual Therapy because they want focused attention on their own history, symptoms, and choices. Others begin Couples Therapy because the transition is happening inside the relationship, not just inside one person. Some benefit from Group Therapy, where shared experience reduces isolation and helps people practice honest connection in a structured setting.

What a counselor actually does in the room

A trained Counselor does more than listen kindly, although being listened to without judgment can itself be profoundly regulating. A counselor pays attention to patterns: how a client describes themselves, where emotion intensifies, what topics become foggy, which relationships repeat old roles, which beliefs sound inherited rather than chosen. A Psychotherapist may assess emotional reactions, thinking patterns, and behaviors, then help the client understand how those patterns developed and how they might change.

That process is collaborative. Therapy is not supposed to feel like being repaired by an expert while sitting silently in a chair. A good therapeutic relationship makes room for questions, uncertainty, pacing, cultural context, and feedback. Some sessions may focus on immediate coping, such as getting through a week of panic symptoms or recovering enough sleep to think clearly. Other sessions may go deeper, exploring grief, trauma, identity, relational wounds, sexuality, family systems, or long-held shame.

This distinction matters because many people arrive in therapy wanting a quick technique, then discover that the “problem” is connected to a larger structure in their lives. A client may come in for Burnout and gradually recognize years of over-functioning, fear of disappointing others, and a workplace culture that rewards self-abandonment. Another may seek help for relationship conflict and discover that both partners are reacting to old attachment injuries. Someone else may ask for support with Anxiety and realize their body has been carrying unprocessed trauma for years.

Therapy does not require dramatic storytelling every week. Sometimes the most important work is quiet and precise: noticing a clenched jaw when discussing a parent, identifying the moment a conflict shifts from disagreement into threat, practicing how to say “I need time to think” without apologizing, or learning that rest is not laziness. These small shifts matter because they change what becomes possible outside the session.

Individual therapy during uncertain seasons

Individual Therapy can offer a steady place to think when life feels crowded by other people’s expectations. During transitions, people often receive plenty of advice but very little attuned curiosity. Friends may mean well and still rush toward reassurance. Family members may have their own agendas. Colleagues may only see the professional version of the person. Therapy slows the conversation down enough to ask better questions.



What is this change asking of you? What are you afraid will happen if you disappoint someone? What part of you is grieving, even if the transition is technically good news? Which reaction belongs to the present, and which one feels older than the current situation?

For example, a person promoted into leadership may feel intense Anxiety before every meeting. On the surface, the issue looks like performance stress. In therapy, it may become clear that visibility has always felt dangerous. Praise may trigger pressure. Authority may feel like isolation. The work then becomes more nuanced than “be confident.” It may involve exploring the client’s relationship with success, boundaries, identity, and self-trust.

Individual therapy can also help when Depression follows a transition that others expected to be joyful. New parents, newly married people, recent graduates, promoted professionals, and people who finally left harmful situations can all feel confused when sadness appears after achievement or relief. The nervous system does not always celebrate on schedule. Sometimes it waits until the crisis passes before letting grief rise to the surface.

Couples therapy when change enters the relationship

Couples Therapy addresses problems within and between partners that affect the relationship. Sessions may sometimes begin individually, but the work is usually conducted with both partners together. This form of therapy can be especially helpful during major transitions because couples often discover that change magnifies their existing patterns.

One partner may pursue conversation while the other withdraws. One may handle stress through planning while the other needs emotional processing. One may want sex as reassurance while the other loses desire under pressure. One may feel abandoned, the other criticized. Neither person may be trying to harm the relationship, but the pattern itself becomes painful.

A therapist can help partners slow the cycle enough to see what is happening underneath the content of the fight. The argument about dishes may really be about respect. The argument about money may be about safety. The argument about in-laws may be about loyalty, boundaries, or old family wounds. The silence after sex may carry shame, fear, disappointment, or uncertainty that neither partner knows how to name.

Premarital Counseling can serve a different but related purpose. It gives couples a structured space to discuss expectations before patterns harden. Conversations about conflict, sex, family roles, finances, values, faith, children, and emotional needs can feel awkward at first, but they often prevent avoidable pain later. Premarital work is not about proving a relationship is perfect. It is about building enough honesty to handle imperfection with care.

Sex therapy and the courage to speak plainly

Sexual concerns often become more pronounced during life transitions. Stress, trauma, body changes, medication changes, relational conflict, religious teachings, shame, desire differences, and identity questions can all affect sexual well-being. Many people suffer silently because they assume they are the only one, or because they fear being judged.

Sex Therapy provides a professional setting for addressing sexual concerns with clinical care and respect. Certification in this specialty requires specific graduate-level sex therapy training through recognized professional standards, which matters because sexual health conversations require more than comfort with explicit language. They require skill, ethics, sensitivity, and awareness of how sexuality intersects with trauma, culture, relationships, gender, faith, body image, and [Mental health clinic](#) power.

A couple may seek sex therapy because desire has changed after childbirth, illness, grief, or years of unresolved resentment. An individual may seek it because sexual shame from earlier teachings continues to interfere with pleasure or intimacy. Another person may need support understanding their sexual identity or communicating boundaries. In each case, the therapist's task is not to impose a definition of "normal," but to help the client or couple move toward honesty, consent, safety, and greater integration.

Sex therapy can overlap with Couples Therapy, Individual Therapy, LGBTQ-Affirming Therapy, or work around Religious Trauma. The overlap is important. Sexual concerns are rarely just mechanical. They often live at the intersection of body, memory, relationship, and meaning.

EMDR therapy and distressing experiences

Some life transitions reactivate older wounds. A breakup may awaken abandonment terror from childhood. A workplace conflict may bring back the helplessness of earlier emotional abuse. A medical procedure may stir memories of previous violation or loss. When distress seems disproportionate to the present event, it may be connected to traumatic or deeply distressing experiences.

EMDR Therapy is a therapeutic intervention for mental health conditions and traumatic or distressing experiences, and it must be administered by an EMDR-trained clinician. It is often discussed in relation to trauma-related concerns and is recognized as a researched psychotherapy method by professional organizations dedicated to EMDR practice.

For clients, the key point is not to chase a trendy modality, but to receive care from someone properly trained who can assess whether EMDR fits the person's needs, stability, and treatment goals. Trauma work requires [Anxiety therapy](#) pacing. Moving too fast can overwhelm a client. Moving too slowly can leave them feeling stuck. Skilled clinicians pay attention to readiness, resources, emotional regulation, and the client's sense of consent throughout the process.

EMDR may be one part of therapy rather than the entire treatment. A person might first need grounding skills, a stable therapeutic relationship, or practical support for current safety. Another client may be ready to process specific memories. Clinical judgment matters because trauma is not just an event from the past. It is also how the body and mind continue to organize around threat in the present.

Culturally responsive care is not an optional extra

No one enters therapy as a generic person. Race, ethnicity, gender, sexuality, class, disability, immigration history, religion, family structure, and community expectations shape how distress is experienced and how help-seeking feels. For some clients, therapy itself carries mistrust because institutions have not always treated their communities with respect.

BIPOC Therapy and LGBTQ-Affirming Therapy name the importance of care that does not require clients to educate the therapist on the basics of their humanity. Affirming care does not mean making assumptions about a client's politics, family, faith, body, or relationships. It means the therapist understands that identity and context matter, and that stigma, discrimination, invisibility, and cultural pressure can affect mental health.

A Black executive navigating Burnout in a predominantly white workplace may need space to discuss both workload and racialized expectations around competence. A queer client preparing to come out to family may need support that recognizes both love and risk. A person healing from Religious Trauma may need a therapist who can distinguish between chosen spirituality, coercive control, fear-based doctrine, and grief over community loss.

Culturally responsive therapy is careful therapy. It asks, rather than assumes. It understands that resilience can coexist with exhaustion. It does not treat identity as a side note.

Therapy for female executives and the hidden cost of being capable

Therapy for Female Executives deserves specific attention because high-capacity women often arrive late to care. They may be praised for the same patterns that are harming them: constant availability, emotional containment, perfectionistic preparation, crisis management, and the ability to make everyone else feel steady. Success can become a sophisticated disguise for distress.

A female executive may manage teams, budgets, family obligations, public expectations, and private loneliness while telling herself that pressure is simply part of leadership. She may experience Anxiety before presentations, Burnout after years of overextension, or Depression that feels impossible to disclose because her role depends on confidence. She may struggle with eating patterns, sleep, irritability, libido, resentment, or a sense that there is no room where she can stop performing.

Therapy can help separate true ambition from fear-driven striving. It can examine the difference between responsibility and over-responsibility, excellence and Perfectionism, leadership and self-erasure. The work may include boundaries, grief, identity, relationship patterns, rest, anger, and the complicated feelings that come with power. For some women, the therapy room is the first place they speak without managing how their words affect everyone else.

There are trade-offs. Executives may worry about confidentiality, scheduling, or whether therapy will make them less sharp. In practice, therapy often supports clearer thinking because it reduces the emotional noise that comes from chronic suppression. The goal is not to make a driven person less driven. It is to help her live and lead without abandoning herself.

Common reasons people seek counseling during transitions

People begin therapy for many reasons, and the presenting concern is often only the doorway. A person may schedule an appointment because of panic attacks and later discover grief. A couple may come in for communication and uncover old betrayals. Someone may ask for help with food and body image, then recognize how control, shame, family history, and stress have shaped the relationship with eating.

Here are some concerns that commonly bring people to counseling during periods of change:

- Anxiety that interferes with sleep, decision-making, work, relationships, or daily routines
- Burnout marked by emotional depletion, cynicism, resentment, or the sense of running on fumes
- Depression that shows up as sadness, numbness, loss of interest, hopelessness, or persistent fatigue
- Eating Disorders or disordered eating patterns that become more intense under stress
- Perfectionism, Religious Trauma, identity conflict, sexual concerns, or relationship distress

This list is not a diagnostic tool. It is a starting point for recognition. If something in it feels familiar, that does not mean something is wrong with you. It may mean your system has been carrying more than it was designed to carry alone.

What therapy can feel like over time

Early therapy often brings relief because someone is finally listening closely. It can also feel awkward. Many people are not used to talking about themselves without minimizing or editing. Some apologize for crying. Some laugh when they are uncomfortable. Some arrive with a polished summary and only later reveal the more tender material.

Over time, therapy may become more challenging, not because it is failing, but because the work has moved beneath surface coping. A client may begin noticing how often they say yes when they mean no. A partner may realize they use criticism to ask for closeness. A person healing from Religious Trauma may feel grief before they feel freedom. Someone working through Perfectionism may feel anxious when practicing "good enough" behavior because their identity has been built around exceptional performance.

Progress is rarely linear. There may be weeks of insight followed by old patterns. There may be sessions that feel powerful and sessions that feel ordinary. Therapy often works through repetition, practice, and repair. The client begins to catch patterns sooner, recover faster, ask for what they need more directly, and tolerate feelings they once avoided.

A useful therapy experience is not always comfortable, but it should feel fundamentally respectful. You should be able to ask why a therapist is recommending a certain approach. You should be able to say when something does not fit. You should be treated as a participant in your care, not a passive recipient.

Choosing the right kind of support

Finding a therapist can feel surprisingly vulnerable. Credentials, specialties, cost, availability, cultural fit, and therapeutic style all matter. A licensed mental health professional may be a counselor, psychologist, social worker, psychiatrist, psychiatric nurse, or another trained provider offering psychotherapy within their scope. Psychologists typically hold doctoral training in psychology and may provide counseling and other Mental health services. Other clinicians may have different graduate training and licensure pathways.

The most important question is not whether a title sounds impressive, but whether the clinician is appropriately trained for your concerns and able to provide ethical, competent care. Specialized concerns may require specialized training. EMDR Therapy should be provided by an EMDR-trained clinician. Sex Therapy should involve appropriate sex therapy education and competence. Couples work requires skill in working with relationship dynamics rather than treating one partner as the "real problem." Affirming care requires more than a rainbow image on a website. It requires clinical humility and informed practice.

When considering a therapist or Mental health clinic, it can help to ask a few direct questions before beginning:

- What experience do you have with the concern I am bringing to therapy?
- Do you provide Individual Therapy, Couples Therapy, Group Therapy, or a combination?
- How do you approach trauma, identity, culture, sexuality, or faith-related concerns when they are relevant?
- What training do you have in specialized services such as EMDR Therapy or Sex Therapy?
- How will we discuss goals, progress, and whether therapy is helping?

These questions are not rude. They are part of informed care. A thoughtful clinician should be able to answer them clearly, while also acknowledging limits when a concern falls outside their scope.

The role of group therapy

Group Therapy can be deeply helpful during transitions, especially when isolation has become part of the pain. Many people believe they are uniquely broken until they hear someone else describe a similar fear, shame, or

pattern. That moment of recognition can soften years of self-blame.

Group therapy is not the same as casual support from friends. It is a structured Mental health service led by a trained professional, with attention to emotional safety, boundaries, and therapeutic goals. It may support people dealing with grief, Anxiety, relational patterns, identity concerns, recovery, or **Psychotherapist** other shared experiences. The power of the group lies in both being witnessed and witnessing others.

There are limits. Group therapy may not be the right first step for someone in acute crisis, someone who needs intensive trauma stabilization, or someone whose privacy concerns make participation feel too exposed. For others, it can complement individual work beautifully. A client might explore patterns in Individual Therapy, then practice new relational behaviors in a group setting.

When faith, family, and identity complicate change

Some transitions are not just personal. They ripple through entire family systems and belief structures. Leaving a religious community, changing political or spiritual convictions, naming harm, coming out, ending a marriage, setting boundaries with parents, or choosing a life path that violates family expectations can create profound emotional conflict.

Religious Trauma can involve fear, shame, coercion, loss of belonging, or difficulty trusting one's own thoughts and body. A person may grieve a community while also recognizing that the community harmed them. They may miss rituals, music, certainty, or shared language. They may feel anger and longing in the same breath. Good therapy does not rush the client toward rejection or return. It helps them sort through what was harmful, what was meaningful, and what they want to choose now.

Family transitions can be similarly layered. An adult child setting boundaries may feel both relief and guilt. A couple navigating infertility may feel isolated from friends who are having children. A person recovering from an Eating Disorder may need to renegotiate family comments about food, body, and control. Someone exploring gender or sexuality may need support tolerating ambiguity, fear, and hope.

Therapy makes room for complexity. It does not require clients to flatten their lives into simple narratives.

What support looks like between sessions

Much of therapy happens in the ordinary days between appointments. This does not mean clients need homework every week or a perfectly optimized self-care routine. Sometimes the between-session work is simply noticing. Noticing when the chest tightens. Noticing which conversations leave a person feeling small. Noticing the urge to over-explain. Noticing hunger, fatigue, resentment, grief, or desire.

A counselor may invite a client to practice a boundary, track mood shifts, pause before responding to a partner, write down recurring thoughts, or pay attention to body cues. These practices are not meant to turn healing into another performance. They help therapy become lived experience rather than insight that stays in the room.

For a burned-out professional, this may mean experimenting with one evening a week without work email and then exploring the guilt that follows. For a couple, it may mean pausing a repetitive argument and naming the cycle instead of continuing the content battle. For someone with Anxiety, it may mean learning to distinguish danger from discomfort. For someone healing from Depression, it may mean taking small actions that support connection and routine without demanding instant motivation.

The work is often modest. That is not a weakness. Sustainable change usually begins with repeatable shifts.

You do not have to be in crisis to begin

One of the most compassionate myths to release is the idea that therapy is only for emergencies. Crisis care matters, but counseling can also be preventive, reflective, and growth-oriented. A person can seek therapy because they want to understand themselves better, strengthen a relationship, prepare for marriage, process a transition, explore sexuality, address Perfectionism, heal from past **EMDR therapy** harm, or make decisions with more integrity.

It is also acceptable to begin before you know exactly what is wrong. Many clients start with a sentence like, "I should be fine, but I'm not," or "I don't know how to explain it." A skilled therapist can work with that. Therapy does not require a polished thesis. It requires enough willingness to show up honestly, even if honesty begins with confusion.

Life transitions can strip away old roles before new ones have formed. Emotional challenges can make a capable person feel unfamiliar to themselves. Counseling offers a place to slow down, listen inward, and receive professional support for the patterns that have become painful. Whether through Individual Therapy, Couples Therapy, Group Therapy, EMDR Therapy, Sex Therapy, BIPOC Therapy, LGBTQ-Affirming Therapy, Premarital Counseling, or another appropriate form of care, the heart of the work remains deeply human.



You are allowed to need support while you change. You are allowed to grieve what others think you should celebrate. You are allowed to outgrow coping strategies that once protected you. You are allowed to seek help before life becomes unbearable. Therapy cannot remove every difficulty from a transition, but it can help you move through it with more clarity, steadiness, and self-respect.

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.