Burnout has a particular sound in therapy. It is not always dramatic. Often, it arrives in a flat voice.

“I should be grateful, but I feel nothing.”

“I used to care. Now I just want everyone to leave me alone.”

“I can get through the day, but I don’t recognize myself anymore.”

People often wait a long time before seeking burnout therapy because burnout can masquerade as discipline, ambition, loyalty, or adulthood. A person may still answer emails, attend meetings, care for children, show up for friends, manage a household, lead a team, or keep a relationship functioning from the outside. Inside, though, the system is running on fumes. Emotional exhaustion changes the texture of life. Rest stops feeling restorative. Small decisions feel strangely heavy. The body may be technically awake while the mind keeps asking for shelter.

Therapy for burnout is not about teaching someone to tolerate an unbearable life with a better attitude. Good therapy asks sharper, kinder questions. What has this person been carrying? What has it cost them to keep functioning? Where did they learn that stopping was unsafe, selfish, or unacceptable? What would recovery require beyond a weekend off?

A psychotherapist, counselor, or other licensed mental health professional can help a person examine the emotional, relational, and behavioral patterns that keep burnout in place. Psychotherapy is a mental health service built on communication and interaction. It can support assessment, diagnosis, and treatment of emotional reactions, thinking patterns, and behavior patterns that are causing distress or impairing life. For burnout, that conversation can become the first place where a person stops performing wellness and starts telling the truth.

What burnout feels like when it has gone beyond ordinary tiredness

Ordinary tiredness usually has a clear relationship with exertion. You work late for a week, sleep in on Saturday, and your body begins to return. Burnout is different. It tends to linger even when the calendar briefly clears. It can make rest feel impossible, either because the nervous system remains keyed up or because guilt rushes in the moment productivity stops.

Some people describe burnout as emotional numbness. They do not feel sad exactly, at least not at first. They feel distant. A therapist might hear, “I know I love my family, but I don’t feel connected,” or “My clients deserve better than this version of me,” or “I used to be creative, and now I just complete tasks.” Others experience burnout as irritability. Every request feels like an intrusion. A routine question from a partner can trigger a flash of resentment. A Slack message, a child’s forgotten backpack, a parent’s phone call, or a minor change in plans can feel like one demand too many.

Burnout can also overlap with Anxiety and Depression. Anxiety may show up as constant scanning, dread before work, difficulty sleeping, or a sense that any mistake will have serious consequences. Depression may appear as hopelessness, loss of interest, withdrawal, low motivation, or a bleak inner monologue. Burnout is not the same thing as either anxiety or depression in every case, but in real clinical conversations, people do not arrive in neat categories. They arrive as whole humans with tangled histories, bodies, responsibilities, and relationships.

A person may also notice perfectionism intensifying under burnout. Instead of becoming less driven, they become more rigid. The stakes ***Counselor thedestinationtherapy.com*** of every task feel inflated. An email must be worded perfectly. A presentation must anticipate every possible criticism. A parent must never snap. A partner must never disappoint. This can create a punishing loop: the more exhausted the person becomes, the more control they try to exert, and the more control they try to exert, the more exhausted they become.

Why talking helps when the problem seems practical

People sometimes hesitate to seek Individual Therapy for burnout because the problem appears external. The workload is too high. The caregiving burden is real. The company culture rewards overextension. The relationship has become lopsided. The family system expects one person to absorb everyone else's needs. If the source is practical, why talk?

The answer is not that talking magically changes all circumstances. It does not. A therapist cannot reduce your caseload by speaking it into existence. A counselor cannot make your workplace humane by Monday. A mental health clinic cannot erase financial pressure, discrimination, grief, or chronic relational strain.

But therapy can change how a person understands the trap they are in, how they responds to it, and what choices become visible. Burnout often narrows perception. People start believing there are only two options: keep going at the same pace or collapse. Therapy widens the frame. It helps a person notice where the pressure is coming from, which parts are unavoidable, which parts are inherited, which parts are relationally reinforced, and which parts have become internal rules.

One client might realize that their exhaustion is not simply about workload, but about never being able to disappoint anyone. Another might discover that their dread of rest comes from a family history where worth was tied to usefulness. Someone else might name, perhaps for the first time, that their workplace is demanding emotional labor that no job description ever acknowledged. A female executive might sit in therapy and say, "If I slow down, people will think I'm not leadership material," then slowly recognize how much of her body has been organized around proving that she belongs.

Therapy gives language to patterns that have been running silently. Once a pattern has language, it becomes less absolute. It can be questioned. It can be grieved. It can be negotiated with. Sometimes it can be changed.

The therapy room as a place to stop performing

Many burned-out people are praised for the very traits that are harming them. They are reliable, responsive, thoughtful, high-achieving, low-maintenance. They remember birthdays, catch errors, volunteer for hard tasks, calm everyone down, and apologize quickly. Their distress may be invisible because they are good at packaging it.

This is one reason the therapy relationship matters. A skilled psychotherapist listens not only to the story, but to the way the story is told. Does the person minimize pain after every sentence? Do they laugh when describing something crushing? Do they use "it's fine" as punctuation? Do they speak about their own needs as if they are inconvenient legal claims?

In burnout therapy, the client may need repeated permission to be honest without immediately softening the truth for someone else. That can feel awkward at first. People who are used to being the strong one may feel exposed when they are not organizing themselves around another person's comfort. Silence can feel dangerous. Tears can feel inefficient. Anger can feel disloyal.

A counselor does not need to rush those moments. Often, the work is to help someone stay with what they actually feel for a few seconds longer than usual. Sadness may appear under numbness. Anger may appear under guilt. Fear may appear under perfectionism. Relief may appear when the person realizes they do not have to justify every feeling before it is allowed to exist.

When burnout is tied to identity, culture, and belonging

Burnout is never just a productivity problem. It is shaped by identity, culture, power, and belonging. A person seeking BIPOC Therapy may need space to talk about the exhaustion of navigating environments where they feel scrutinized, isolated, or pressured to represent more than themselves. LGBTQ-Affirming Therapy may be essential for someone whose burnout is tangled with masking, rejection, relational stress, or the strain of seeking safety in spaces that do not consistently offer it.

Religious Trauma can also sit underneath burnout in ways that are easy to miss. Some people learned that self-denial was holiness, that boundaries were rebellion, or that desire itself was suspect. They may have left a religious community years ago and still feel panic when they say no. Others remain connected to faith but need help separating spiritual commitment from chronic self-erasure. Therapy can hold that complexity without forcing a person toward a simplistic answer.

For high-achieving women, especially those in leadership, Therapy for Female Executives often touches the collision between visibility and depletion. The person may be responsible for major decisions, team morale, family logistics, and private emotional containment all at once. She may be admired publicly and lonely privately. She may have learned to speak confidently while ignoring her own body's distress signals. Therapy can become one of the few places where she is not required to be impressive.

Burnout also shows up in caregiving roles, creative work, activism, healthcare-adjacent settings, education, entrepreneurship, ministry, and family systems where one person has become the default container. The details differ, but the emotional math often looks similar: too much output, too little replenishment, and a shrinking sense of agency.

What a therapist listens for beneath "I'm exhausted"

When someone says they are burned out, a therapist usually listens across several layers. There is the immediate layer of sleep, workload, conflict, mood, and functioning. There is the relational layer: who asks, who gives, who notices, who disappears when support is needed. There is the internal layer: the beliefs and fears that make change feel risky. There may also be traumatic or distressing experiences shaping the person's nervous system and expectations.

The first sessions often include careful assessment. Not cold assessment, not clipboard therapy, but grounded curiosity. A clinician may ask when the exhaustion began, what makes it worse, what has helped even slightly, how the person is eating and sleeping, whether they feel hopeless, whether they are withdrawing, how they handle conflict, and whether they have support. If depression, anxiety, eating disorders, trauma responses, or other concerns are present, those need appropriate clinical attention.

Burnout can affect eating and body relationship in different directions. Some people forget meals because they are overextended. Others use food as the only reliable comfort in a life with too few pauses. Some become rigid with food or exercise because control feels stabilizing when everything else feels unmanageable. If Eating Disorders or disordered eating patterns are part of the picture, therapy needs to address them directly and carefully rather than treating them as side notes.

Therapists also listen for moral injury, even when the client does not use that phrase. A person may be exhausted because they have repeatedly acted against their values to survive a system. They may have had to deny care, enforce policies they do not believe in, keep secrets, protect an institution, or remain silent to keep income. The pain there is not just tiredness. It is grief and self-alienation.

Burnout and relationships: the private cost of public functioning

Burnout rarely stays contained inside one person. It leaks into relationships. Partners may begin to feel like logistics managers rather than lovers. Sex may become another demand, or it may disappear under fatigue and resentment. Communication may shrink to schedules, complaints, and reminders. The burned-out person may want closeness but have no capacity for touch, conversation, play, or repair.

Couples Therapy can help when burnout has become a relationship pattern rather than an individual problem. A partner might say, "I miss you," while the burned-out person hears, "You are failing at one more thing." Another partner might withdraw because every attempt to connect seems to create conflict. In therapy, both people can begin to separate the exhaustion from the entire identity of the relationship. They can ask what each person has been carrying, what has gone unnamed, and what kind of support is actually useful.

Sex Therapy may also be appropriate when burnout affects desire, arousal, sexual communication, or feelings of safety and connection. Sex therapy is a specialized area that requires specific training. It is not simply talking about sex casually. For many couples and individuals, sexual concerns are deeply connected to stress, body image, trauma history, identity, shame, resentment, or medical realities. When handled well, these conversations can reduce blame and help people understand what their bodies have been trying to communicate.

Premarital Counseling can be useful before burnout becomes entrenched. Couples planning a shared life often discuss money, family expectations, conflict, sex, values, and future goals. They may not think to discuss burnout styles. Yet every couple benefits from knowing what each person does under sustained stress. Does one withdraw? Does one overfunction? Does one become critical? Does one hide need until resentment erupts? These patterns do not mean a relationship is doomed. They mean the couple has material worth understanding.

The role of trauma-informed care and EMDR Therapy

Some burnout is intensified by past traumatic or distressing experiences. A person may intellectually know they are safe now, while their body reacts to criticism, conflict, silence, or uncertainty as if danger has returned. They may overwork to avoid abandonment, people-please to prevent anger, or stay hypervigilant because calm feels unfamiliar.

EMDR Therapy may be considered when traumatic or distressing experiences are part of the clinical picture. EMDR is a therapeutic intervention for mental health conditions and traumatic or distressing experiences, and it should be administered by a clinician trained in EMDR. It is often discussed in connection with trauma-related concerns. For a burned-out person whose exhaustion is tied to old alarm patterns, trauma-focused work may help address more than surface coping.

That said, not every burned-out client needs EMDR, and not every therapy session needs to dig for trauma. Good clinical judgment matters. Sometimes the first task is stabilization: sleep, nourishment, immediate boundaries, crisis reduction, and practical support. Trauma processing too early, without enough steadiness, can overwhelm rather than help. A thoughtful therapist will move at a pace that respects the person's capacity.

What burnout therapy may actually sound like

Burnout therapy is often quieter and more practical than people imagine. A session may begin with a client describing a week that looks ordinary from the outside: three late nights, a tense conversation with a supervisor, a child home sick, a missed workout, an argument about dishes, a Sunday spent dreading Monday. The therapist might slow the story down.

"What happened in your body when your supervisor sent that message?"

"What did you tell yourself when your partner asked for help?"

“When did you first learn that needing rest meant you were letting people down?”

“What would you have said if a friend described this exact week to you?”

These questions are not meant to produce instant insight. They help reveal the client’s operating system. Someone may discover that one email can trigger a cascade: I’m behind, I’m failing, I’ll be exposed, I have to fix this tonight. Another person may realize that they say yes not because they have capacity, but because the discomfort of disappointing someone feels unbearable.

Over time, therapy may help the person build a more accurate internal signal system. Instead of noticing burnout only at the point of collapse, they begin to recognize earlier signs. Their jaw ***Psychotherapist*** tightens. They stop returning texts. They fantasize about getting sick so they can rest without guilt. They become uncharacteristically cynical. They feel rage at harmless requests. These signals are not character flaws. They are data.

A small checklist for recognizing burnout before collapse

The signs of burnout vary, but the following patterns are common enough to take seriously when they persist or begin affecting daily life:

- Rest does not feel restorative, even when you technically have time off.
- You feel emotionally numb, cynical, irritable, or detached from people and work you once cared about.
- Small tasks feel disproportionately difficult, and decisions take more effort than usual.
- You rely on urgency, guilt, caffeine, fear, or perfectionism to keep functioning.
- You fantasize about escape, illness, disappearance, or a life where no one needs anything from you.

This checklist is not a diagnosis. It is a prompt to pay attention. If several of these feel familiar, especially for more than a brief stressful stretch, it may be time to seek a mental health service rather than waiting for a breakdown to prove you deserve help.

Boundaries are not always the first step

People often tell burned-out clients, “You just need better boundaries.” Sometimes that is true. Sometimes it is also unhelpfully simplistic.

Boundaries require more than language. They require enough safety, support, and internal permission to tolerate the consequences. A single parent working an inflexible job may not be able to set the same boundaries as a financially secure person with paid help. A junior employee may face different risks than an executive. A person from a family system that punishes independence may need support before saying no becomes sustainable. Someone in a marginalized identity group may have very real reasons to calculate how direct they can be in a given setting.

Therapy can help distinguish between boundaries that are possible now, boundaries that require planning, **Counselor** and boundaries that remain unsafe or unrealistic under current conditions. That distinction matters. Otherwise, the burned-out person may hear boundary advice as one more failure: I can't even recover correctly.

A more compassionate therapeutic approach asks, "What is the smallest honest shift that reduces harm?" Maybe the person cannot quit their job today, but they can stop answering non-urgent messages after a certain hour twice a week. Maybe they cannot confront a parent directly yet, but they can stop providing immediate emotional processing during workdays. Maybe they cannot take a vacation, but they can build a protected hour on Sunday that is not used for chores, planning, or recovery from other people's needs.

Small changes do not fix systemic problems. Still, they can begin to return a sense of agency. For a burned-out person, agency is medicine.

Group Therapy and the relief of being witnessed

Burnout often convinces people that they are uniquely failing. Group Therapy can challenge that isolation. In a well-held group, people hear others put words to experiences they thought were private: resentment toward caregiving, shame about declining ambition, grief over a career that no longer fits, anger at always being the dependable one. The room becomes a mirror with many faces.

Group therapy is not right for everyone at every stage. Some people need individual support first, especially if they feel easily overwhelmed by others' emotions or have privacy concerns. Others find that a group offers something individual therapy cannot: the corrective experience of being honest and still accepted by peers. For burnout, that can be powerful. The person who always supports others practices receiving support. The person who feels ashamed of anger hears someone else name anger without being rejected. The person who thinks rest must be earned watches others wrestle with the same belief.

A mental health clinic or group practice may offer different forms of care, including individual, couples, family, or group services. The right fit depends on the person's needs, symptoms, preferences, and relationships. There is no prize for choosing the hardest format.

Choosing a therapist for burnout

Finding the right psychotherapist or counselor can feel daunting when you are already depleted. It helps to think less about finding a perfect person and more about finding a qualified professional who can understand the shape of your distress and work respectfully with your goals. Psychotherapists may come from different professional backgrounds, including psychology, counseling, social work, psychiatry, or psychiatric nursing. What matters is appropriate training, licensure, scope of practice, and fit for the concerns you are bringing.

A first consultation does not have to cover your entire life story. It can be a focused conversation about what is happening now and what kind of help you need. You are allowed to ask direct questions. You are allowed to notice how you feel in the conversation. Do you feel rushed, judged, or flattened into a category? Or do you feel that the clinician is listening carefully and asking questions that make sense?

Questions worth asking a potential therapist include:

- How do you typically work with burnout, anxiety, depression, perfectionism, or work-related stress?
- Do you offer Individual Therapy, Couples Therapy, Group Therapy, or referrals if another format would fit better?
- Do you have experience with BIPOC Therapy, LGBTQ-Affirming Therapy, Religious Trauma, or Therapy for Female Executives if those are relevant to me?
- Are you trained in specialized approaches such as EMDR Therapy or Sex Therapy, if those concerns are part of my care?
- How will we discuss goals, progress, and whether therapy is helping?

The answers do not need to be flashy. In fact, overly grand promises should raise caution. Burnout recovery usually requires honest assessment, steady work, and adjustments over time. You want a therapist who can be both compassionate and clear.

Recovery is not the same as returning to your old pace

Many people begin burnout therapy with a hidden goal: “Help me feel better so I can go back to doing everything I was doing before.” That wish makes sense. The familiar life, even if painful, can feel safer than change. But if the old pace created the injury, returning to it unchanged may recreate the same collapse.

Therapy often helps people grieve the fantasy of unlimited capacity. This grief can be surprisingly tender. There may be sadness in admitting, “I cannot be the person everyone wants me to be.” There may be fear in saying, “My body is not letting me override it anymore.” There may be anger about all the years spent confusing endurance with worth.

Recovery may involve practical changes, but it also involves identity changes. The always-available person becomes more selective. The perfectionist practices good enough work. The caretaker learns to notice resentment as a boundary signal rather than a shameful defect. The executive learns that leadership cannot be built on chronic self-abandonment. The partner learns to ask for comfort without turning every need into an apology.

Progress can look unimpressive from the outside. A person pauses before saying yes. They eat lunch away from their desk once. They tell their partner, “I want to be close, but I am overstimulated tonight.” They let an email wait. They cry in session instead of making a joke. They admit they are angry. They tell the truth about wanting a different life.

These moments matter. Burnout is often built through thousands of small betrayals of the self. Healing often begins through small acts of return.

When emotional exhaustion needs more urgent support

Burnout deserves care before it becomes a crisis. Still, there are times when support should not wait. If emotional exhaustion comes with thoughts of self-harm, feeling unable to stay safe, severe hopelessness, inability to function, extreme withdrawal, or major changes in eating, sleeping, or behavior, it **Anxiety therapy** is important to seek immediate help from appropriate local emergency resources, crisis services, or a qualified mental health professional. Therapy can be part of care, but urgent risk requires urgent support.

It is also worth seeking help sooner when burnout is affecting children, caregiving responsibilities, intimate relationships, work safety, substance use, or medical care. People sometimes minimize these signs because they can still perform in some areas. Functioning is not the same as being well. Many people function for a long time while suffering deeply.

A good mental health service will take your distress seriously without requiring you to prove that you have reached the worst possible point.

The deeper question burnout asks

Burnout asks a question many people have spent years avoiding: What kind of life can I actually live without disappearing from myself?

That question can be uncomfortable. It may challenge family roles, career structures, relationship patterns, spiritual beliefs, cultural expectations, and internalized standards. It may require conversations that feel awkward before they feel freeing. It may reveal grief about choices made under pressure. It may also reveal desire, not only for rest, but for a life with more honesty, connection, pleasure, and room to be human.

Therapy does not hand someone a ready-made answer. It creates a disciplined, compassionate space where the question can be lived with. A psychotherapist listens for the places where exhaustion has become normal. A counselor helps translate distress into information. The client experiments with new ways of relating to work, love, responsibility, and self-respect.

Burnout recovery is rarely a single breakthrough. More often, it is a series of recognitions. I am tired because I have been carrying too much. I am resentful because I have been ignoring my limits. I am numb because feeling everything at once was not survivable. I am afraid to rest because I learned that worth must be earned. I need help, and needing help does not make me weak.

Talking through emotional exhaustion will not make every demand disappear. It can, however, help a person stop disappearing inside those demands. And for many people, that is where recovery 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:

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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.