

Couples therapy often begins long before the first appointment. It may begin in a quiet moment after another argument, in the silence after sex has disappeared, in the anxious checking of a partner's tone, or in the realization that the same conversation has been happening for years with different details but the same ending. For some couples, therapy begins with urgency. For others, it begins with care, a sense that the relationship matters enough to receive attention before resentment hardens.

A couples therapy process is not a courtroom, a lecture series, or a place where one partner is named the problem while the other is named the victim. At its best, it is a structured mental health service where both partners can slow down the patterns that have become too fast, too painful, or too familiar to understand from inside the relationship. A trained Psychotherapist, Counselor, psychologist, social worker, psychiatrist, or another licensed mental health professional may provide psychotherapy, depending on their credentials and scope of practice. The shared aim is to use communication and clinical understanding to assess and treat emotional reactions, thinking patterns, and behavior patterns that are causing distress.

Couples Therapy is specifically concerned with what happens within and between partners. It looks at the relationship as a living system, not just two separate people sitting on the same couch. Sessions may sometimes begin individually, especially for assessment or safety reasons, but couples therapy is usually conducted with both partners together. That "together" part can feel vulnerable. It can also become the first place in a long time where both people feel heard without the conversation tipping into defense, shutdown, blame, or repair that never quite repairs.

## **The first contact: what usually gets said and what often stays unsaid**

When a couple reaches out to a Mental health clinic, group practice, independent practice, or other Mental health service, the first message is often brief: "We are having communication issues," "We need help after betrayal," "We are fighting all the time," or "We are considering separation." Those phrases are true, but they are rarely the whole truth.

Under "communication issues," there may be loneliness. Under "fighting all the time," there may be fear that the relationship is already over. Under "we need help with intimacy," there may be grief, shame, medical concerns, religious messages about sex, trauma history, or years of avoiding desire because rejection became too painful.

A good early conversation does not require a couple to know exactly what is wrong. Many couples arrive with only fragments. One partner may say, "I don't feel like a priority." The other may say, "Nothing I do is ever enough." Both may be describing the same cycle from different sides. The therapist's job is not to choose the more persuasive story. It is to understand the pattern, the pain points, and the emotional meanings that keep the pattern going.

Some couples worry they have waited too long. Sometimes they have waited a long time, but that does not automatically mean the work is impossible. It may mean the therapy needs to proceed with honesty about injury and capacity. If one or both partners are deeply burned out, depressed, anxious, or unsure they want to remain in the relationship, the process may move differently than it would for a couple seeking Premarital Counseling or a relationship tune-up. Pace matters. So does truthfulness.



## **The first sessions are about assessment, not instant repair**

Many people hope the first session will produce relief, and sometimes it does. Relief may come simply from having a skilled person slow the conversation down. But the first phase of couples therapy is usually assessment. A therapist needs to understand what has been happening, how long it has been happening, how each partner makes sense of it, and what both people want from the work.

Assessment in psychotherapy is not only about symptoms. It may include emotional reactions, behavior patterns, thinking patterns, relational cycles, stressors, identity, family history, sexual concerns, and previous experiences with counseling or therapy. A couple may arrive for “relationship problems” and discover that Anxiety, Depression, Burnout, Perfectionism, Eating Disorders, Religious Trauma, or unresolved traumatic experiences are also shaping the relationship. This does not mean couples therapy becomes a catch-all for everything. It means the therapist pays attention to what belongs in the couple work and what may need additional support through Individual Therapy, EMDR Therapy, Sex Therapy, Group Therapy, or another appropriate service.

For example, a couple may come in because one partner withdraws whenever conflict begins. In the room, that withdrawal can look like indifference. With careful assessment, it may become clear that the partner experiences conflict as threat, loses access to words, and shuts down to avoid saying something harmful. The other partner experiences that shutdown as abandonment and escalates to get a response. The pattern is not solved by telling one person to “stop shutting down” and the other to “stop pursuing.” The pattern needs to be understood in enough detail that both people can begin interrupting it with compassion and accountability.

Another couple may come in after months of sexual distance. One partner may want Sex Therapy, while the other feels embarrassed even naming the issue. A therapist with appropriate training may help them talk about desire, consent, avoidance, pleasure, pain, resentment, and the meanings attached to sex. If specialized sex therapy is needed, it is reasonable to ask about the clinician’s training. Sex therapy is a specific area of practice, and professional certification in that field requires specific graduate-level training and approved coursework.

## **What the therapist is actually listening for**

Couples often assume the therapist is listening for who is right. More often, the therapist is listening for the cycle.

The cycle is the repeatable sequence that takes over before either person has chosen it consciously. One partner makes a comment about dishes. The other hears criticism and snaps back. The first partner feels dismissed and raises their voice. The second partner feels attacked and leaves the room. The first partner follows, desperate to

finish the conversation. The second partner shuts the bedroom door. Later, both say they hate fighting like this, and both privately feel the other person caused it.

In therapy, the content still matters. Money, sex, parenting, in-laws, faith, alcohol use, career strain, household labor, and emotional intimacy are real topics with real consequences. But if a couple only debates the content, they may miss the process that keeps turning every topic into the same injury. A therapist listens for escalation, withdrawal, appeasement, sarcasm, intellectualizing, collapse, contempt, fear, shame, and moments of longing that get hidden under anger.

A therapist also listens for resources. Even distressed couples may show small signs of care. One partner may bring tissues when the other cries. Someone may soften for three seconds, then harden again. A partner may say, "I know you are not trying to hurt me," even while describing deep pain. These moments matter. They are not sentimental details. They show where new patterns may be built.

## **The therapy room is structured differently from a fight at home**

A common worry sounds like this: "What if we just fight in front of the therapist?" The honest answer is that you might. Many couples do, especially at first. That does not mean therapy is failing. It often gives the therapist direct access to the pattern rather than a polished summary of it.

The difference is that **Psychotherapist** the therapist can pause the interaction. They may slow down the pace, ask one partner to speak in shorter pieces, invite the other to reflect what they heard, or name an emotional shift as it happens. They may notice that one person's voice changed, or that the other stopped making eye contact. They may ask, "What did you hear your partner say?" and discover that the message received was not the message sent.

This can feel awkward. It can feel almost too simple. Couples who are used to high-speed conflict may feel impatient with slowing down. Couples who avoid conflict may feel exposed when the therapist gently brings the avoided issue back into the room. The structure is not there to infantilize anyone. It is there because distressed nervous systems do not process relational threat well at full speed.

In practice, a therapist may interrupt a familiar argument before it reaches the usual damage point. They may redirect blame into experience. "You never care about me" might become "When you look at your phone while I'm talking, I feel unimportant and I start to panic that I don't matter here." That shift does not make the concern softer or less serious. It makes it more reachable.

## **Both partners should expect to be understood and challenged**

An empathetic couples therapist does not simply validate everything both partners say. Validation without challenge can leave a couple stuck in two separate realities. Challenge without empathy can feel shaming and unsafe. The work requires both.

One partner may need help understanding how criticism lands, even if the criticism began as a bid for closeness. The other may need help seeing how withdrawal becomes a powerful communication of its own, even if withdrawal began as self-protection. One partner may need to take responsibility for secrecy, betrayal, or repeated avoidance. The other may need support expressing hurt without turning every session into prosecution.

Good therapy does not require false equivalence. Some harms are not symmetrical. A relationship affected by coercion, chronic dishonesty, untreated addiction, intimidation, or ongoing betrayal cannot be treated as a simple "both sides need better communication" issue. At the same time, many [Counselor](#) couples arrive with

mutual injuries that have accumulated over years, and therapy needs enough room for each person's pain to be named without immediately competing for whose pain is larger.

This is one of the hardest parts of the process. People often come to couples therapy wanting their partner to finally understand. That ***Destination Therapy Mental health clinic*** wish is deeply human. But the process usually asks each person to understand more than they expected, including the impact of their own defenses.

## **A typical rhythm, with room for difference**

No two couples therapy processes are identical, and different clinicians work in different ways. Still, many couples notice a loose rhythm over time. It is not always linear. Some weeks feel productive. Some weeks feel discouraging. A tender session may be followed by a painful argument at home because new honesty has disturbed an old arrangement.



A practical rhythm might look like this:

1. The first phase clarifies the concerns, relationship history, goals, safety considerations, and each partner's hopes or doubts about therapy.
2. The middle phase identifies the couple's recurring patterns and helps partners practice different ways of speaking, listening, repairing, and setting boundaries.
3. Specific issues such as intimacy, trust, parenting, finances, family relationships, faith, or career stress are addressed with more precision once the pattern is clearer.
4. Progress is reviewed honestly, including what is changing, what is not changing, and whether additional services such as Individual Therapy, Sex Therapy, EMDR Therapy, or Group Therapy may be useful.
5. The later phase often focuses on consolidation, relapse prevention, and helping the couple use what they have learned outside the therapy room.

That rhythm can shift. A couple in Premarital Counseling may focus more on expectations, values, conflict style, money, sex, family boundaries, and future stressors. A couple after betrayal may need more time on accountability, transparency, grief, and the injured partner's nervous system. A couple deciding whether to stay together may need careful conversations about ambivalence rather than immediate skill-building. A couple

navigating cultural, racial, or faith-based wounds may need a therapist who can hold context rather than reducing everything to generic communication tools.

## **When individual concerns shape the relationship**

Couples therapy does not treat partners as [Couples therapy](#) isolated individuals, yet individual mental health matters. Anxiety can make uncertainty feel unbearable. Depression can flatten affection and hope. Burnout can leave a person with no emotional margin by the time they come home. Perfectionism can turn ordinary conflict into evidence of failure. Eating Disorders can affect secrecy, body image, control, desire, and daily routines. Religious Trauma can shape guilt, authority, sexuality, gender roles, and fear of disappointing family or community.

For female executives and other high-responsibility professionals, relationship strain may be intertwined with chronic overfunctioning. A partner who leads all day, makes constant decisions, manages teams, and carries invisible expectations may come home unable to tolerate one more demand. Therapy for Female Executives, when relevant, may help address the personal cost of achievement, perfectionism, loneliness at the top, and the way professional competence can hide private exhaustion. In couples therapy, this might appear as a recurring fight about availability, emotional labor, or the feeling that the relationship only gets the leftovers.

Sometimes Individual Therapy alongside couples work is appropriate. This does not mean the relationship is being abandoned. It may mean one partner needs a separate place to address trauma, depression, anxiety, shame, grief, or identity concerns that cannot be fully processed in joint sessions. EMDR Therapy, when provided by an EMDR-trained clinician, may be considered for traumatic or distressing experiences, including those that continue to affect a person's body, emotions, and relationships. The key is coordination and clarity, so the couple work and individual work do not pull against each other.

## **What happens when sex is part of the concern**

Many couples wait a long time before naming sexual distress. They may talk about frequency because numbers feel safer than vulnerability. "We only have sex once a month" may be easier to say than "I feel unwanted," "I feel pressured," "I miss feeling playful," or "I do not know how to be touched without freezing."

Sex Therapy can be part of the couples therapy process when the clinician has appropriate training, or it may be a referral if the issue requires specialized care. Sexual concerns can involve desire differences, pain, performance anxiety, avoidance, shame, betrayal, sexual trauma, religious teachings, body image, medical issues, or conflict about what sex means in the relationship. A careful therapist does not rush couples into sexual assignments without understanding consent, safety, emotional readiness, and the broader relationship climate.

There is often a trade-off in how directly to address sex. Avoiding it can reinforce shame and distance. Moving too quickly can make one or both partners feel exposed or pressured. Good work respects pacing without colluding with avoidance. Sometimes the first meaningful step is not changing sexual behavior at all, but creating a conversation where neither partner has to defend their desire, their lack of desire, or their fear.

## **Identity, culture, and safety in the therapy process**

Couples do not enter therapy as blank slates. Race, culture, gender, sexuality, immigration history, class, disability, religion, family expectations, and community belonging may shape what feels possible to say. BIPOC Therapy and LGBTQ-Affirming Therapy are not marketing labels when practiced well. They reflect the need for therapy that

understands context, power, minority stress, family systems, and the harm that can occur when a therapist treats identity as a side note.

For LGBTQ couples, therapy may need to address family acceptance, chosen family, sexual identity, gender identity, previous experiences of discrimination, or the exhaustion of educating providers. For BIPOC couples, therapy may need to hold racial stress, cultural values, intergenerational expectations, code-switching, and the ways outside pressures enter the relationship. For couples affected by Religious Trauma, therapy may need to move gently around beliefs, fear, sexuality, authority, and belonging.

Affirming therapy does not mean the therapist agrees with every choice a couple makes. It means the couple's identities are not pathologized, minimized, or treated as problems to solve. The relationship concerns remain real, but they are understood in context.

## **The uncomfortable middle: when therapy starts working but does not yet feel better**

A strange thing can happen after several sessions. The couple understands their pattern more clearly, but home still feels hard. In fact, it may briefly feel harder. Once partners become more aware, they may notice every moment the old cycle appears. What used to happen automatically now feels painfully visible.

This is often the uncomfortable middle. A partner catches themselves becoming sarcastic but does not yet know how to speak plainly. Another notices the urge to shut down but cannot yet stay present. Someone tries a new repair and it lands clumsily. Hope rises, then drops. The couple wonders if therapy is helping.

This stage requires patience and honesty. Change inside a close relationship is rarely a clean upward line. Partners are learning under emotional load, often while managing work, children, caregiving, finances, health issues, or extended family stress. A couple may practice a new conversation in session and then struggle to repeat it at 9:45 p.m. In the kitchen when both are tired and one person has an early meeting.

Progress may look modest at first. A fight lasts twenty minutes instead of two hours. One partner says, "I'm getting flooded, I need ten minutes," instead of disappearing for the night. The other partner waits ten minutes instead of following. Someone apologizes without adding a defense. These changes may seem small from the outside. Inside a distressed relationship, they can be significant.

## **What couples can do between sessions**

Therapy is not limited to the hour in the room. The relationship continues all week, which means the couple has opportunities to practice and to observe. The goal is not to perform perfect partnership between sessions. It is to become more aware and more intentional.

A short between-session focus may help:

1. Notice the moment the familiar pattern begins, especially the body cues that appear before words become sharp or distant.
2. Practice one repair phrase that feels honest, such as "I want to restart that," "I got defensive," or "I am scared this will turn into our usual fight."
3. Set aside one conversation when neither partner is exhausted, distracted, intoxicated, or rushing out the door.
4. Track one example of connection, not only examples of conflict.
5. Bring real moments back to therapy, including the awkward attempts, not just the polished successes.

Couples sometimes turn these practices into tests. "I used the repair phrase and you didn't respond correctly." That is understandable, but it can recreate the same pressure. Practice works better when both partners expect imperfection. The early goal is not elegance. It is interruption of the old automatic sequence.

## **When therapy reveals different goals**

One of the more painful possibilities in couples therapy is discovering that partners do not want the same thing. One may want renewed commitment while the other is unsure. One may want monogamy while the other no longer does. One may want children while the other does not. One may want to stay connected to a faith community while the other experiences that community as harmful. One may want emotional intimacy but not sexual intimacy. One may want a separation and feel guilty saying so.

Therapy cannot make two incompatible goals compatible by force. What it can do is create a more honest conversation about the cost and meaning of those differences. Sometimes couples find a path that neither could see before. Sometimes they grieve. Sometimes they decide to end the relationship with more clarity and less cruelty than they would have managed alone.

This does not mean therapy failed. A mental health service is not only successful when a couple stays together. Success can mean reduced harm, clearer choices, deeper accountability, better co-parenting, or the ability to tell the truth without destroying one another in the process. For some couples, staying together is the healing. For others, ending with care is the most honest outcome.

## **Choosing a therapist who fits the work**

The fit with a couples therapist matters. Credentials matter too. A psychotherapist is a professionally trained and licensed mental health professional who treats mental, emotional, and behavioral concerns through psychological means. Depending on the provider, psychotherapy may be offered by clinical psychologists, counselors, social workers, psychiatrists, psychiatric nurses, or other licensed professionals. A psychologist is professionally trained in psychology and may provide counseling and other mental health services, often with doctoral-level training.

Couples can ask practical questions before beginning. Is the clinician trained and licensed to provide psychotherapy? Do they work with couples regularly? How do they approach sessions with both partners? Do they offer or refer for Individual Therapy, Sex Therapy, EMDR Therapy, Group Therapy, or specialized care when needed? Do they have experience with LGBTQ-Affirming Therapy, BIPOC Therapy, Religious Trauma, or the particular concerns the couple is bringing?

A good fit does not always mean sessions feel comfortable. Sometimes a well-matched therapist will ask hard questions. But the process should feel clinically grounded, respectful, and clear enough that both partners understand why the therapist is guiding the conversation in a certain direction. If one partner consistently feels ganged up on, or if serious concerns are minimized, that should be addressed directly in session. The therapy relationship itself needs enough safety for feedback.

## **What not to expect from couples therapy**

Couples therapy is powerful, but it is not magic. It cannot erase betrayal without accountability. It cannot create desire by demand. It cannot make one partner do all the emotional labor while the other observes. It cannot replace emergency support when someone is in immediate danger. It cannot turn a therapist into a judge who issues a final ruling on every disputed memory.

It also should not be confused with advice from friends, family, podcasts, or social media. Those can offer language and comfort, but psychotherapy is a clinical service that uses communication and interaction to assess and treat patterns of emotion, thought, and behavior. In couples work, the relationship itself becomes part of the focus.

Many couples also expect the therapist to give scripts. Scripts can help in small doses, especially when partners are learning new language. But scripts alone rarely transform a relationship. A partner can say the “right” sentence with contempt in their voice. Another can repeat a reflective listening phrase while privately preparing a counterattack. The deeper work involves emotional honesty, nervous system awareness, responsibility, and repeated repair.

## **How progress tends to feel**

Progress often feels quieter than people expect. It may not arrive as one dramatic breakthrough. It may sound like a partner saying, “I realized I was assuming you didn’t care,” or “I wanted to leave the room, but I stayed.” It may feel like the first weekend in months without a blowup. It may look like a couple laughing in the waiting area after weeks of sitting far apart. It may be the ability to discuss sex without shame taking over, or money without panic, or family boundaries without immediate defensiveness.



There may still be conflict. Healthy relationships are not conflict-free. The difference is that conflict becomes less dangerous. Partners recover faster. They understand the meanings beneath the words. They can say, "We are in the cycle," instead of "You are the problem." They can hold two truths at once: "I was hurt" and "I can care about your experience too."

Couples therapy asks for courage from both people. Not the cinematic kind, but the daily kind: telling the truth without weaponizing it, listening when the body wants to defend, apologizing without collapsing, asking for closeness after rejection, admitting uncertainty, and showing up again after a hard session.

For couples who are considering therapy, the first step does not have to be perfect. It can be a phone call, an email, a consultation, or a shared agreement to stop waiting until things are unbearable. Whether the relationship is strained by anxiety, depression, burnout, intimacy concerns, identity stress, perfectionism, trauma, or years of misunderstood bids for love, the process begins with bringing the pattern into a room where it can finally be seen clearly.

And once a pattern can be seen, it can often be interrupted. Not instantly. Not without discomfort. But with care, structure, and the steady work of two people willing to understand what has been happening between them, couples therapy can become a place where the relationship has room to breathe again.

**Name:** Destination Therapy

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

**Phone:** (346) 266-2912

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

**Email:** [hello@thedestinationtherapy.com](mailto: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.instagram.com/destination_therapy/)

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

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

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://thdestinationtherapy.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](mailto: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/](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.