

When Anxiety Isn't Just Anxiety

A Therapist Handout for Differentiating GAD and OCD (Storm Haven Clinical Guide)

There is a particular kind of session that feels deceptively productive.

The client is articulate. Insightful. Engaged. They can track their thoughts, name their patterns, even challenge distortions in real time. The conversation has depth. It moves. It sounds like therapy working.

And yet, week after week, something essential does not shift.

The thoughts return with the same shape. The same urgency. The same need to be resolved.

If you have ever sat in that space and felt the quiet question rise, "*Why isn't this landing?*"... this handout is for you.

Because sometimes the issue is not resistance.

It is misidentification.

The Core Reframe: Content vs Process

Before anything else, anchor here.

GAD and OCD can share content.

They do not share structure.

Generalized anxiety lives in **what the thought is about**.

Obsessive-compulsive patterns live in **what the mind is doing with the thought**.

If you follow the content, you will stay inside the loop.

If you track the process, you will begin to see it.

This is the pivot point.

Jen Hyatt, LMFT

Licensed Marriage and Family Therapist #99355

www.stormhavenwellness.com | www.thenerdietherapist.com

The Felt Difference in the Room

GAD often presents as expansive. The client moves across topics, linking concerns to real-life stressors. There is a narrative arc, even if it is tangled.

OCD narrows.

The client circles. Returns. Rephrases the same core question in slightly different forms. There is a gravitational pull back to a single unresolved point, regardless of how thoroughly it has been explored.

It can sound thoughtful. It can sound nuanced.

It is still a loop.

What to Listen For (Language Cues That Matter)

Clients will often tell you exactly what is happening, if you listen for the structure rather than the story.

Phrases that signal OCD patterns tend to orbit certainty:

“I just need to be sure.”

“But what if there’s a chance...”

“I can’t let it go until I know.”

“I keep going back to it.”

“It doesn’t feel resolved.”

Notice the tone beneath the words.

This is not curiosity.

It is compulsion dressed as inquiry.

The Hidden Compulsions

Many clinicians are trained to look for observable rituals.

But in many presentations, especially with high-functioning or insight-oriented clients, the compulsions are internal.

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They will not announce themselves.

You have to recognize them in motion.

Common mental compulsions include:

- Reassurance seeking (internally or externally)
- Mental reviewing and replaying
- Checking feelings for “accuracy” or certainty
- Analyzing thoughts to reach a definitive conclusion
- Googling or researching to confirm safety or truth
- Comparing scenarios to eliminate doubt

If the client cannot *not do it*, it is a compulsion.

Even if it looks like thinking.

Why Standard Anxiety Treatment Can Reinforce OCD

This is where many well-trained therapists inadvertently keep the loop intact.

Cognitive restructuring, when applied to OCD, often becomes **structured rumination**.

You challenge the thought.

The client engages.

Relief follows.

Briefly.

But the process teaches the brain that the thought required resolution.

So it returns, stronger.

Reassurance functions similarly.

It soothes in the moment, but conditions the client to seek it again. The threshold for relief increases over time, requiring more certainty, more repetition, more engagement.

Even deeper processing can backfire.

Exploring origin, meaning, and context can unintentionally signal that the thought is significant and worthy of continued attention.

The result is a well-supported, highly articulate loop.

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Clinical Red Flags You Might Be Treating OCD as GAD

- The client reports insight but no sustained relief
- Thoughts return quickly after being “resolved”
- Reassurance helps, but only temporarily
- The client feels driven to think about the issue, not just worried about it
- Sessions repeatedly circle the same core question
- Progress feels like understanding, not change

If the work feels like it is moving but the client’s experience is not shifting, pause here.

The Intervention Shift: From Answering to Allowing

The work changes when you stop treating the thought as something to resolve.

Instead, you begin working with the client’s relationship to the thought.

This is where Exposure and Response Prevention (ERP) becomes relevant, but it must be introduced with attunement.

Not as a technique to apply, but as a stance to practice.

You are no longer helping the client find a better answer.

You are helping them tolerate not answering.

In-Session Shifts (What This Actually Sounds Like)

Instead of:

“Let’s challenge that thought.”

“Is that belief accurate?”

“What evidence supports or contradicts this?”

Try:

“What do you notice happening in your body as the urge to figure this out comes up?”

“What would it be like to not answer that right now?”

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“Can we sit with the uncertainty without resolving it?”
“Notice the pull to go back in. Let’s stay here instead.”

You are interrupting the loop, not refining it.

Working With the Nervous System

OCD is not just cognitive. It is physiological.

The urgency to resolve is often driven by a dysregulated nervous system that equates uncertainty with threat.

So the work includes:

- Building tolerance for discomfort without immediate relief
- Supporting the client in staying present while the urge rises
- Helping them track the rise and fall of anxiety without engaging the compulsion

This is where somatic awareness becomes a bridge, not an escape.

Common Therapist Pitfalls (Even for the Skilled)

- Mistaking insight for progress
- Following the client into the content instead of tracking the pattern
- Offering reassurance to build alliance
- Over-processing meaning when the issue is behavioral
- Moving too quickly into cognitive work without assessing compulsion patterns

None of these are failures.

They are reflections of how well-trained clinicians can still be pulled into the loop.

A Simple Clinical Anchor

When in doubt, ask yourself:

Is this client trying to understand something...
or are they trying to feel certain about it?

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Understanding can expand.

Certainty-seeking contracts.

Treat accordingly.

A One-Page Explanation You Can Offer Clients

You might say something like:

“There are some thoughts that want to be understood, and others that want to be answered perfectly. The ones that need perfect answers tend to keep coming back, no matter how well we respond to them. Instead of trying to solve those thoughts, we’re going to practice noticing them and choosing not to engage in the same way. It will feel uncomfortable at first, but that discomfort is actually where the change happens.”

Keep it simple. Keep it human.

Closing Reflection

If you recognize this pattern in your work, it does not mean you missed something.

It means you are close enough to see it now.

And once you can see the loop, you no longer have to stay inside it with your client.

You can begin to guide them out.

Not by offering better answers.

But by helping them discover they do not need one in order to move forward.

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