**Problem Areas in Depression and Anxiety by Jason L. Steadman, Psy.D., ABPP**

An important part of treating depression and anxiety is knowing how you can focus treatment in different problem areas. This workbook deals with identifying “problem areas” for yourself, so you can know how to intervene.

One way to describe depression and anxiety is by using what’s called the “three part model.” The three-part model consists of 1) Positive Affect[[1]](#footnote-1), 2) Negative Affect, and 3) Autonomic Arousal, where autonomic is a part of your nervous system that controls your internal organs, like your heart, stomach, and intestines. It’s especially important for telling your body how to act at any given time, depending on what’s happening to or around you. On each of these three parts, you can “score” High, Low, or Normal.

Someone with High Positive Affect may feel pretty happy most of the time. They also have lots of other good feelings too. Normal Positive Affect means you usually feel happy and have good feelings, but not all the time. No one is happy all the time. Low Positive Affect means you rarely feel happy, or, even when you do feel happy, it just feels dulled, like it’s not the same.

High Negative Affect means you feel a lot of negative feelings (sadness, worry, fear) much of the time. Normal Negative Affect means sometimes you get negative feelings, but not too much. Low Negative Affect means you rarely get negative feelings.

Finally, high autonomic arousal means that you likely feel “on edge” or “stressed” much of the time. You may have high blood pressure, stomach aches, or other subtle signs of stress, where your autonomic nervous system is working too hard. Normal autonomic arousal means your autonomic nervous system is working just like it should, activating mildly in times of stress to help prepare your body for it, but going back to normal pretty quickly afterward. Low Autonomic Arousal is when your autonomic nervous systems seems to be working kind of “slow” and “lazily.” You may feel like you just “can’t get going,” even when you need to. Your body just can’t find the energy to get up and do the things you need to get through a day, and stimulation is hard to find.

All of these parts are important because they help us know where to focus in treating Depression and Anxiety. **When you know your specific problem areas, these can be “fixed” through treatment. That’s where the three-part model is especially helpful.**

**Why does this matter?**

Knowing where you fall on all these domains helps you know what you can work on to get better. If you know you have low positive affect, you know you need to do some things to help you feel those positive feelings again. If you know you have high negative affect, you have to work on those feelings too. If your arousal is high, relaxation techniques might be great for you, but if your arousal is low, it can help to take up exercise or other activities to trick your nervous system into becoming normal again. Either way, what post people want is “normal” functioning on all three parts.

**Finding your problem areas – Positive and Negative Affect**

In this section, I’ve included some questionnaires to help you figure out your problem areas. The questionnaire is designed for children ages 6 to 18. A parent can also fill it out for you to give a second opinion.

Below are 10 feelings words. Beside each word, please rate (with an X) how much you have felt that way in the past few weeks.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 (very slightly or not at all) | 2 (a little) | 3 (moderately) | 4 (quite a bit) | 5 (extremely) |
| **Positive Affect Scale** |  |  |  |  |  |
| Cheerful |  |  |  |  |  |
| Lively |  |  |  |  |  |
| Happy |  |  |  |  |  |
| Joyful |  |  |  |  |  |
| Proud |  |  |  |  |  |
| **Negative Affect Scale** |  |  |  |  |  |
| Miserable |  |  |  |  |  |
| Mad |  |  |  |  |  |
| Afraid |  |  |  |  |  |
| Scared |  |  |  |  |  |
| Sad |  |  |  |  |  |

PANAS-CX: Ebesutani, C., Regan, J., Smith, A., Reise, S., Higa-McMillan, C., & Chorpita, B. F. (2012). The 10-item positive and negative affect scale for children, child, and parent shortened versions: Application of Item Response Theory for more efficient assessment. *Journal of Psychopathology and Behavioral Assessment, 34,* 191-203

**Calculating your scores:**

To calculate your positive affect scale, add up the total score from the 5-items on the Positive Affect Scale above. Your score should be somewhere between 5 and 25. Next, do the same for your Negative Affect Scale. Write the scores below:

*Positive Affect Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* *Negative Affect Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Positive Affect Scale**

Score ranges:
22-25 = High normal
12-22 = Normal2
5-11 = Low
**Any score below 17 = At risk**

**Negative Affect Scale**

Score ranges:
5-13 = Normal[[2]](#footnote-2)
13-17 = A little high
18-22 = Very high
22-25 = Extremely high
**Any score above 8 = At risk**

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**Finding Your Problem Areas – Autonomic Arousal**

Currently, there are no brief, free-to-use measures of autonomic arousal (AA), at least as it is defined inside the three-part model. There are some long questionnaires (74 questions), but there are also ample studies that suggest that those measures of AA are not very useful clinically (see, for example, Buckby, Yung, Cosgrave, & Killackey, 2007[[3]](#footnote-3)). In other words, although studies have shown that differences in AA are clear when you compare people who are depressed to people who are anxious (with anxious people scoring higher on AA than depressed people), *scores on the main test designed to measure AA (called the MASQ) don’t do a very good job of actually predicting if you have an anxiety disorder*. Low PA does predict depression well, but high AA (on the MASQ) does not predict anxiety well. The reasons for this are complicated and explaining them would involve a review of a lot of science that just isn’t appropriate for this handout. **But, for the purposes of this handout, what you need to know about AA is that we can’t test it the same way we did PA and NA, above. Instead, there are two ways you can find out if you have problems with your autonomic arousal.**

*Method 1: Check your symptoms of stress*

As noted previously, the key focus of AA is on stress, and how your body responds to it. So, often people test for stress as a way to hint at AA. However, it’s not always easy to test for stress in children, because children tend to report similar symptoms for stress, anxiety, and depression (see Patrick, Dyck, & Bramston, 2010[[4]](#footnote-4)). In other words, the stress scales currently available aren’t always specific to AA, like we want them to be in this case. Your therapist or doctor may have you complete a stress scale for other reasons, though (i.e. to examine general symptoms of anxiety and/or depression).

For older children (>14 years), a test called the 21-item Depression, Anxiety, Stress Scale (DASS-21) has been used in lots of studies. **So, for older youth (over 14 years old) or young adults, I’ve included the 7-item stress scale on the next page.**

*Method 2: Consult a psychophysiologist*

It is possible to actually measure your autonomic arousal through biofeedback devices. These are explained more fully in the Biofeedback handout, which can be provided upon request. Basically, though, biofeedback devices are machines that can tell you about how your nervous system is working. This is the most accurate way to measure true autonomic arousal, because you’re actually looking at the body’s biological response to stress, and not just the symptoms of stress. However, the downside is that these measures should not be interpreted without the help of a trained professional. They are fairly complicated for common use. So, I don’t necessarily recommend this for everyone. Still, some people can benefit from biofeedback therapy (BFT), and if you can find a clinician skilled in BFT, this can be an excellent treatment for high autonomic arousal. This is described more in treatment options below.

**DASS-21 Stress Scale**

Recommended for use only by persons age 14 and up

On the scale below, please rate how much each statement applied to you **over the past week.** There are no right or wrong answers.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **0 Did not apply to me at all** | **1 Applied to me to some degree, or some of the time** | **2 Applied to me to a considerable degree or a good part of the time** | **3 Applied to me very much or most of the time** |
| I found it hard to wind down |  |  |  |  |
| I tended to over-react to situations |  |  |  |  |
| I felt that I was using a lot of nervous energy |  |  |  |  |
| I found myself getting agitated |  |  |  |  |
| I found it difficult to relax |  |  |  |  |
| I was intolerant of anything that kept me from getting on with what I was doing |  |  |  |  |
| I felt I was rather touchy |  |  |  |  |

Now, add up your score and write in the line below. Multiply that score by 2, and then include the final product in the second blank line below (your total score). Your score can range from 0 to 42. The table below shows the interpretation of your score.

*Sum of scores above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* x 2 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Total score)

|  |  |
| --- | --- |
|  | **Score** |
| Normal | 0-14 |
| Mild | 15-18 |
| Moderate | 19-25 |
| Severe | 26-33 |
| Extremely Severe | 34+ |

**Now what?**

If you know your specific problem areas, you can target them more specifically in treatment. The next few sections give some general guidelines about how to improve your problem areas. These are best done with the help of a trained therapist. Seeing them here on paper can make these things sound easier than they are. A good therapist can help you troubleshoot and refine your approach about how to accomplish your goals successfully.

*Low Positive Affect/Low autonomic arousal*

Low positive affect is one of the more difficult symptoms of depression. It feels really discouraging when the things you used to love just aren’t very fun anymore, and you just don’t care. The things that you usually do to reward yourself just don’t feel rewarding, so you start to give up and say, “Why bother trying if I still feel this way even when I try?” Still, there are ways you can work in therapy to increase your positive affect. These same activities are also recommended for low autonomic arousal.

1. Plan for pleasurable activities
	1. A key part of increasing positive affect is to make positive things happen. Think of activities you normally enjoy and make time to do them. Most clients tell me that the hardest part of this is getting started, getting the motivation to “get out of bed and do something.” However, once they get started, they usually feel better.
	2. You can choose almost any activity, but make sure it is healthy for you. For example, exercise is great for a lot of people, but you may have a condition that limits your exercise. As another example, some people smoke cigarettes or vape because it feels good, but neither is healthy for you. If you aren’t sure if the pleasurable activity you want to do is healthy, ask a doctor.
2. Pay attention to the good parts of pleasurable activities, and how they improve your mood, even if only by or for a little bit.
	1. One you are doing something you enjoy, make a point to recognize all the good parts of it. Notice every single tiny piece that feels good. If your mind starts to drift away from thinking about the good parts, that’s okay (and normal). Just tell yourself to refocus again on the good things! And keep telling yourself to refocus for as long as necessary.
3. Spend time savoring these happy moments later.
	1. Later, perhaps inside your therapy sessions, or in a journal, or with your friends or family, make a point to REMEMBER the happy moments, again, in every detail. Close your eyes and pretend you are there again, reliving that same happy moment.
4. Next, do steps 1-3 again with negative or neutral experiences. Choose some activities that you didn’t like or that were just kind of “meh.” Now, work to find the positives in those moments and savor them, exactly as you did in 1-3. Ignore the negative or neutral parts, but instead focus on the positives.
5. Practice Self-Compassion and Self-loving kindness.
	1. Self-compassion means learning to love yourself and be kind to yourself. I think anyone can benefit from Self-Compassion. It’s a great way to start noticing the positive aspects of yourself. It’s like taking steps 1-4 above and applying them to your sense of self.
	2. Some people tell me that they feel like Self-Compassion is “An exercise in narcissism,” meaning that it feels like they’re just tooting their own horn, full of themselves, and being over-confident. The exercises, then, can be hard for people who feel like Self-love is the opposite of being humble. But it is possible to be humble and also love yourself! In fact, Self-Compassion is just one part of a greater practice of Compassion for everyone. So, as one way to avoid becoming “too in love with yourself,” you can also use the same practices to have compassion for everyone! This teaches you to love yourself AND love others, which is the opposite of narcissism.
	3. The following links have good Self-Compassion exercises for older teens and adults: <http://www.mindfulselfcompassionforteens.com/meditations/>

<https://self-compassion.org/category/exercises/#exercises>

* 1. You may also consider *The Book of Joy,* by the Dalai Lama and Bishop Desmond Tutu, which contains a long list of other practices they recommend for achieving compassion for the self and for others!

*High Negative Affect*

In some of my own previous research, I have further divided negative affect into 4 components or parts. The first part is Anxiety Sensitivity (AS). AS means that people tend to be sensitive to stress, such that if you have two people and put them through the same stress-inducing experience (say, preparing for a major test), a person with AS is likely to rate their stress during that experience as being higher than a person without AS. For a person with AS, the stress/anxiety registers higher on their meter. The second component is Anxiety Avoidance. People with high negative affect also tend to avoid the feeling of anxiety. They don’t just avoid stressful experiences, but they also avoid the sensation of stress altogether. Even though it may sound nice to never be stressed, stress and anxiety are actually very healthy emotions that all humans are supposed to have and that play important roles in our lives. So, when we avoid the feelings completely, it is actually worse for our mental health.

The third component I call “Decreased Self-Efficacy,” which just means that people with high negative affect feel like they don’t have much power over those negative emotions. They don’t feel like they have much skill in making things better, which makes them feel almost helpless to their negative feelings. The fourth component is called “Persistent Anxious Cognitions,” which is just fancy talk for worried thoughts that won’t go away. People with high negative affect also tend to have high amounts of negative thoughts.

If we understand these four components, then we can also understand where to intervene.

Anxiety Sensitivity: To address Anxiety Sensitivity, you have to “de-sensitize” to anxiety, or teach “anxiety tolerance.” This means that you have to learn to have anxiety and sort of “sit with it,” tolerating it by reminding yourself that it is manageable and won’t overwhelm you. I know this is easier said than done, but with practice and exposure, anxiety loses some of its power. **This is why exposure therapy is important in treating anxiety – you have to learn to face the things that stress/scare you, until they don’t bother you as much anymore.**

Anxiety Avoidance: To beat negative affect, you also have to learn how to “approach” anxiety, rather than avoid it. You have to treat anxiety as a healthy, normal emotion that serves a purpose – to tell you to pay attention to something and do something about it. **During your “approach” to anxiety, you tell your anxiety, “I hear you! Thanks for letting me know! I’ll take it from here!”** This gets easier as you build more anxiety tolerance. The more anxiety you can tolerate, the more you can reassure your anxiety to chill out and let you do your thing!

Decreased Self-Efficacy: The best way to build self-efficacy is to learn active coping skills that help you with your anxiety or stress. This includes a LOT of different things, but some techniques that are used most frequently include relaxed, deep breathing; distraction (works really well for temporary, low-risk stressors, like pain); taking a break; talking to a friend/family-member; listening to music; exercise; doing something fun; muscle relaxation; Yoga; and so on. Your therapist can give you more ideas too, if you need them. **The point is to get the experience of having a little bit of anxiety and handling it successfully. The more you do that, the bigger anxieties you can tackle long term.**

Start by rating all of your anxieties on a scale of 1-10, with 1 being your lowest level worries and 10 being the highest. After you’ve rated them all, you’ll choose the lowest ones on your scale and you’ll expose yourself to those worries on purpose, meaning you’ll do something to make the worries happen. Once the worries are there, you practice your relaxation skills until the worries either get smaller or go away completely. Over time, you’ll work your way up the ladder of your anxieties until you feel like you can handle pretty much any anxiety that comes your way! **Remember, though, that handling anxiety doesn’t always mean making it go away completely, sometimes it means just keeping the anxiety from getting in the way of doing what you need or want to do! So, a success can be making the worry go away completely, but it can also be just getting through that thing that scares you, even if it was scary!**

Persistent Anxious Cognitions: Again, this just means repetitive worried thoughts. **You can address this by catching your worried thoughts when they pop up and purposefully replacing them with more positive or at least neutral alternatives.** The more often you replace anxious thoughts with positive thoughts, the more you train your brain to turn a bad thing into a good thing. Like anything, though, this takes regular practice for it to work, and changes won’t be immediate. In fact, this is true for all parts of Negative Affect. Your brain has had (likely) years of practice at high negative affect, so it takes a lot of practice to train it to do the opposite. Hang in there though, and eventually you may find you do this almost automatically, without even thinking about it.

*High Autonomic Arousal*

The best way to help with high autonomic arousal is to practice relaxation and quiet time. Daily practice works best. I usually recommend at least 5 minutes of daily practice, but if you can do 15-30 minutes, that’s even better. You can even split up your practice across the day. Here are some relaxation practices I like:

1. Mindfulness meditation. Mindfulness meditation basically means taking a moment to rest in stillness and just notice what is happening right at that moment – what’s happening inside your or around you. There are lots of mindfulness exercises. Lots of people like the “chocolate tasting” exercise. Here’s a good, short video on “Mindful eating”: <https://www.youtube.com/watch?v=XSpMGTzZwsU>. To get ready for it, grab yourself a piece of chocolate, but don’t eat it until you’re instructed to do so in the video.

Chocolate isn’t the only way to enjoy mindfulness. You can do the same exercise with just about anything, where you take time to pay attention to your world. Commonly in mindfulness, though, your mind eventually wanders away from whatever you’re paying attention to. That’s actually pretty normal. It happens to everyone, even the most expert meditators. When this happens, just gently refocus yourself back on the thing you were paying attention to. Don’t be angry with yourself for losing focus, but just work to bring your mind back. When you do this, it’s actually GREAT practice for also managing other parts of anxiety and negative emotion – especially the worried or negative thoughts. You are giving your brain practice at learning how to focus and attend to whatever you tell it to attend to, and you’re practicing letting the thoughts that interrupt your focus just pass by naturally, without bothering you. That’s actually identical to what you do in managing anxious thoughts. You learn to refocus on what you need to do, letting the worried thoughts pass by naturally. **This is why mindfulness is such a great tool for anxiety – it helps both autonomic arousal and negative affect.**

1. Progressive muscle relaxation (PMR). PMR is another great exercise for relaxing your nervous system. PMR involves choosing a muscle in your body (say, your arm, for example), flexing it for a brief period (e.g. 5 seconds) and then relaxing it. While doing this, notice the difference between the tense muscle and the relaxed muscle, and when you relax it, notice the tension leaving. If you want, you can even imagine that the tension is stress leaving your body. Do this over and over again, on both sides of your body, moving from muscle to muscle. The order doesn’t really matter, but some people like to start at the head and move down to the toes, or vice versa. Sometimes, I turn PMR into an actual workout, tensing my muscles by lifting weights or by performing a body-weight exercise (e.g. pushups or pullups), and then using “breaks” during my workouts to appreciate the sense of relaxation I feel in my muscles when they are rested. Either way, PMR works by training your mind to appreciate that sense of relaxation and by training your body to regulate tension whenever necessary.
2. Interoceptive exposure. Interoceptive exposure is a fancy term that basically involves causing your body to do the same things it does during a stressful experience and paying attention to how these feelings pass on their own. Lots of people with anxiety become sensitized to their bodies’ cues that something stressful is happening. So, an anxious person may get short of breath from walking up a flight of stairs, but their body gets confused and turns this shortness of breath into a symptom of anxiety. They say, “Something is wrong with me. Why am I breathing so hard?” and this worry only makes it worse. This is their autonomic nervous system working overtime.

You can train your body not to freak out so much when these symptoms happen by forcing them to happen in a safe environment, where you know you can get them under control. You then practice over and over again so you can train your body to get better control over these symptoms. You can ask your therapist for a specific list of exercises that can be used in interoceptive exposure. Some of the exercises are not ideal if you have certain medical conditions (e.g. spinal problem; recent, unhealed head trauma; vertigo), and so it’s best to plan with your doctor before you use them.

1. Daily quiet time. In the modern world, quiet time seems few and far between. We tend to eat up our quiet time by looking at our phones or other devices, which isn’t necessarily bad in and of itself, but what can happen is that these devices get in the way of letting our brains have the much needed rest it needs biologically. This doesn’t just mean that devices interfere with sleep, even though they do. It also means that they interfere with those little moments during the day where we have nothing else to do. Throughout all human history before mobile devices, humans had regular quiet time, where we just sat in our thoughts or just did nothing. We detached a bit from the world and just spent time with ourselves or with our close friends or family. These quiet times are vital to our mental health. Research supports heavily that as a whole, happier people enjoy more quiet, relaxed time than unhappy people. So, plan some daily quiet time, away from devices and away from productivity. Just be present, be quiet, and rest your brain. 10 minutes is plenty.
2. Biofeedback. Biofeedback uses special sensors to track what’s happening in your body. It is a great tool because you can actually use biofeedback to track your own autonomic arousal. Then, you can practice relaxation techniques while wearing or using the sensors to show how effective the techniques are at actually calming your nervous system. It’s a way to get direct feedback about what you’re doing and how it works. If you’re interested in biofeedback, ask your therapist. There is also another, more detailed handout on Biofeedback training that reviews more about how it works. We can provide this to you upon request.
1. Affect is another word for Emotions in this context. Affect means “feelings.” [↑](#footnote-ref-1)
2. These interpretations are based on the means and standard deviations of participants with no anxiety and no depression in the study by Ebesutani and colleagues. But, it’s also important to consider that participants with depression had an average score of 11.3 (standard deviation of 5.5) on PA and those with anxiety/depression had an average score of 12.6 (standard deviation of 4.9) on NA. That means an average score on PA for someone with depression is 6-17, and an average score on NA for someone with an anxious and/or depressive disorder is between 8 and 17. **So, any score below 17 on PA may put you at risk for depression and any score over 8 on NA may still put you at risk for anxiety.** [↑](#footnote-ref-2)
3. Buckby, J. A., Yung, A. R., Cosgrave, E. M., & Killackey, E. J. (2007). Clinical utility of the Mood and Anxiety Symptom Questionnaire (MASQ) in a sample of young help-seekers. BMC Psychiatry, 7, Article ID 50.<http://dx.doi.org/10.1186/1471-244X-7-50> [↑](#footnote-ref-3)
4. Patrick, J., Dyck, M., & Bramston, P. (2010). Depression Anxiety Stress Scale: Is it valid for children and adolescents? *Journal of Clinical Psychology, 66*(9), 996-1007. doi: 10.1002/jclp.20696 [↑](#footnote-ref-4)