

Get CE for reading the book: [Chronic Depression: Interpersonal Sources, Therapeutic Solutions](#)

By Jeremy W. Pettit, PhD and Thomas E. Joiner, PhD

The book is published by the American Psychological Association (2005) and is also available in electronic form to subscribers of the PsycBooks database.

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Answer whether the statement is “True” (T) or “False” (F) based on the book?

#### Chapter 1

- 1 T/F According to the authors, the average depressive episode is 8 months in adults.
- 2 T/F According to the authors, the average length of a dysthymic episode is around a decade.
- 3 T/F According to the authors, once depression goes away it does not tend to return.
- 4 T/F Unlike a relapse, a recurrence of depression implies a time period of being symptom free.
- 5 T/F Depression may prolong itself, in part, due to interpersonal mechanisms.

#### Chapter 2

- 6 T/F The authors suggest that as many as 50% of individuals with Major Depressive Disorder will have a comorbid anxiety disorder.
- 7 T/F Individuals with comorbid depression and anxiety may have greater impairment, more suicidality and a worse prognosis than those with depression alone.
- 8 T/F Beginning in adolescence, females are more likely to become depressed than males.
- 9 T/F In one study reviewed, depressed mothers tended to show more negative affect toward their daughters than non-depressed mothers.
- 10 T/F Depression is not viewed as a debilitating disorder.

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### Chapter 3

- 11 T/F A depressed person may contribute to their stress through the selection of a “dysfunctional mate.”
- 12 T/F The more hopeless a student feel the more likely they were to report negative life events.
- 13 T/F The authors suggest that hopelessness leads directly to depressive symptoms as well as indirectly by generating interpersonal stress.
- 14 T/F The authors suggest that “stress-generating” behaviors may be most frequent during times when the individual is less depressed.
- 15 T/F The presence of social support does not play a role in recovery from depression.

### Chapter 4

- 16 T/F Information that is consistent with how someone views themselves is soothing, whereas information that is inconsistent with our self-view is “unsettling.”
- 17 T/F Depressed persons with negative self-concepts will likely stay away from people who evaluate them negatively.
- 18 T/F authors suggest that developing more positive self-views and enhancing coping skills is crucial to avoid relapse.
- 19 T/F Individuals with positive self-esteem may seek out positive feedback.

### Chapter 5

- 20 T/F While excessive reassurance seeking may be an attempt to increase connectedness, it may also backfire by alienating others.
- 21 T/F Suicidal patients never explain their suicidality in altruistic terms.
- 22 T/F Suicidal patients may feel they are a burden on others.
- 23 T/F Potentially depressed people may both seek out and doubt the reassurance received from others
- 24 T/F “Perseverative questioning” would never lead to withdrawal or rejection by significant others.

### Chapter 6

25 T/F Depression may be characterized by interpersonal conflict avoidance.

26 T/F Depressed people tend to be very assertive.

27 T/F High levels of interpersonal avoidance may be associated with a chronic course of depression.

28 T/F Shy individuals who also feel lonely may be prone to depression.

## Chapter 7

29 T/F Depressed individuals may “self-handicap” so that a poor performance will not be attributed to a lack of skill.

30 T/F Self-handicapping behaviors likely reduce opportunities for positive social engagement

31 T/F Self-handicapping behaviors are unlikely to increase antagonistic behaviors from others

32 T/F It would not be useful to link a patient’s thoughts and actions to identifiable outcomes

## Chapter 8

33 T/F The need to belong is satisfied when relationships are frequent and positive.

34 T Depressed persons may be blamed more by others for negative events.

35 T Negative behaviors that are attributed to a person’s disposition are more likely to be remembered by others

36 T/F Over time, depressed persons and their significant others may both tend to focus on negative factors as opposed to positive factors about the depressed person,

37 T/F Receiving critical and hostile messages from family members does not impact the prognosis of depression.

38 T/F Depressed person’s negative behaviors may erode others’ views of them even after their depression improves.

## Chapter 9

39 T/F There are no stable tendencies of a person which create risk for depression.

40 T/F Stable vulnerabilities to depression may also prolong the cause of depression.

41 T/F Many, but not all depressive episodes may be precipitated by an identifiable negative event.

42 T/F Individuals who tend to attribute stable, global causes to the negative events they are experiencing may become hopeless and depressed.

43 T/F Beck suggested that people may have automatic negative thoughts about the self, world and future.

44 T/F Individuals may become depressed if they continue to focus on thoughts that they do not live up to their own expectations for themselves.

45 T/F Ruminative response styles may inhibit purposeful activity geared toward symptom relief or changing one's current situation.

46 T/F Interpersonally dependent persons are less likely to be depressed than nondependent persons.

47 T/F Patterns of interpersonal behaviors have no relationship to depression.

48 T/F There has been no research on depressive personality disorder.

#### Chapter 10

49 T/F Relationship partners of depressed people will likely evaluate them negatively if they engaged in excessive reassurance and negative feedback seeking.

50 T/F Some self-propagatory processes may lead to others.

#### Chapter 11

51 T/F The majority of people with bulimia are also depressed.

52 T/F Certain interpersonal patterns may have an impact on both depression and bulimia.

#### Chapter 12

53 T/F Suicidality is uncommon in depressed patients.

54 T/F Suicidal ideation is less predictive than making plans and preparing to commit suicide.

55 T/F Negative prognostic indicators related to depression include early onset, length and severity of past episodes.

### Chapter 13

56 T/F Interpersonal psychotherapy is not effective for treating individuals with chronic depression.

57 T/F People may benefit from a problem-solving approach to interpersonal problems.

58 T/F Combining psychotherapy with antidepressants is not recommended by the authors.

### Chapter 14

59 T/F The risk of a recurrence of depression may increase by 15% with each successive episode.

60 T/F Continued subthreshold depressive symptoms are a risk factor for full syndrome recurrence.