CORRECTION



Correction to: Predicting Dropout from Children's Mental Health Services: Using a Need-Based Defnition of Dropout

Kimberly W. Dossett¹ · Graham J. Reid^{1,2,3,4}

Published online: 22 April 2020

© Springer Science+Business Media, LLC, part of Springer Nature 2020

Correction to:

Child Psychiatry & Human Development, 51(1):13-26. https://doi.org/10.1007/s10578-019-00906-4

The original version of this article was unfortunately published with an error in Table 2. The confidence intervals listed in Table 2 were published incorrectly. The correct version of confidence intervals in Table 2 should read as below.

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Table 2 Description and prevalence of dropout according to each definition

Dropout definition	Description of dropout	Prevalence of dropout % (95% CI)
Dose	Attending < 12 sessions within 16-weeks	93.5% (90.9, 95.2)
Clinician judgement	A coding at discharge indicated the child/family has dropped out, or refused additional treatment	53.3% (49.1, 57.6)
Need-based	Low need: attending < 8 sessions High need & married parents: attending < 16 sessions High need & single parent: attending < 24 sessions	63.0% (58.7, 66.9)

Note: N = 521

95% CI 95% confidence intervals.

The original article can be found online at https://doi.org/10.1007/s10578-019-00906-4.

- Department of Psychology, Western University, London, Canada
- Department of Family Medicine, Western University, London, Canada
- Department of Paediatrics, Western University, London, Canada
- ⁴ Children's Health Research Institute, London, Canada

