

## Erratum to:

### Online Compassion Focused Therapy for Social Anxiety Disorder in Adolescence (CFT@TeenSAD): Preliminary data on efficacy throughout treatment

It has come to the authors' attention that the original version of the manuscript mentioned above contained an error on the method's section. Specifically:

1. In the sub-section *participant recruitment*, the sentence that then read *The ones scoring one standard deviation above the mean found for a large normative sample (i.e.,  $n = 522$  adolescents aged between 12 to 18 years of age of which 57.3% were female) on that instruments' total scale were invited for further assessment using a structured clinical interview.*, should have read: "The ones scoring one standard deviation above the mean found for a large normative sample (i.e.,  $n = 522$  adolescents aged between 12 to 18 years of age of which 57.3% were female) on that instruments' total scale were invited for further assessment using a structured clinical interview. A flaw in the recruitment procedure at this moment led to 12 adolescents scoring above the mean though less than one standard deviation to also be invited for further assessment."

2. In the sub-section *participant flow and characterization* where it read *Of those, 255 adolescents scored one standard deviation above the mean on the Social Anxiety Scale for Adolescents (Cunha et al., 2004) and were contacted to take part of the clinical interview; five declined to participate further in this research and 59 were unreachable through the contacts they had provided.* should have read "Of those, 255 adolescents who scored above the mean ( $n = 12$ ) or one standard deviation above the mean ( $n = 243$ ) on the Social Anxiety Scale for Adolescents (Cunha et al., 2004) were contacted to take part of the clinical interview; five declined to participate further in this research and 59 were unreachable through the contacts they had provided."

3. Also, in the *participant flow and characterization* sub-section, in the paragraph that read *The sample analyzed in this work consisted of 21 adolescents aged between 15 and 18 years of age, whose sociodemographic characteristics are displayed in Table 1. Most participants were girls (i.e., 57.1%), attended the 11th grade (52.4%), came from families with a medium socioeconomic status<sup>10</sup> (47.6%) and had not previously received psychological support (47.6%). Boys and girls had similar mean ages [ $t(19) = -1.52, p = .15$ ], and were similarly distributed by school year [ $\chi^2(2) = 3.51, p = .17$ ] and by socioeconomic level [ $\chi^2(2) = 1.72, p = .42$ ]. Boys and girls also had received, on average, a similar number of diagnosis [ $t(19) = 1.31, p = .21$ ], though boys had significantly more experience of previous psychological support [ $\chi^2(2) = 8.76, p = .03$ ], particularly for anxiety symptoms, including social anxiety ( $n = 3$ ). All participants had a primary diagnosis of SAD, which was found using the Mini International Neuropsychiatric Interview for Children and Adolescents – MINI-KID (Sheehan et al., 2010; Portuguese authorized version by Rijo et al., 2016).* should have read “The sample analyzed in this work consisted of 21 adolescents aged between 15 and 18 years of age, whose sociodemographic characteristics are displayed in Table 1. Of these, 17 scored one standard deviation above the mean (81%) and four scored above the mean (19%) on the screening measure (Social Anxiety Scale for Adolescents; Cunha et al., 2004). No differences were found between participants with these diverse cut-off points, regarding mean ages [ $t(16) = 0.46, p = .65$ ]. Likewise, these adolescents were similarly distributed by school year [ $\chi^2(2) = 4.49, p = .11$ ], by socioeconomic level [ $\chi^2(2) = 1.62, p = .45$ ], number of diagnosis [ $t(19) = 0.94, p = .36$ ] and experience of previous psychological support [ $\chi^2(2) = 1.49, p = .22$ ]. For these reasons, and because all participants had a primary diagnosis of SAD, which was found using the Mini International Neuropsychiatric Interview for Children and Adolescents – MINI-KID (Sheehan et al., 2010; Portuguese authorized version by Rijo et al., 2016), they were considered as a single sample. Most participants were girls (i.e., 57.1%), attended the 11th grade (52.4%), came from families with a medium socioeconomic status<sup>10</sup> (47.6%) and had not previously received psychological support (47.6%). Boys and girls had similar mean ages [ $t(19) = -1.52, p = .15$ ], and were similarly distributed by school year [ $\chi^2(2) = 3.51, p = .17$ ] and by socioeconomic level [ $\chi^2(2) = 1.72, p = .42$ ]. Boys and girls also had received, on average, a similar number of diagnosis [ $t(19) = 1.31, p = .21$ ], though boys had significantly more experience of previous psychological support [ $\chi^2(2) = 8.76, p = .03$ ], particularly for anxiety symptoms, including social anxiety ( $n = 3$ ).”.

The authors apologize for any inconvenience that these errors may have caused to the readers.