Corrigenda and Addenda

Correction: Depression and Anxiety Outcomes in a Technology-Enabled Psychotherapy Practice: Retrospective Cohort Study

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Related Article:
Correction of: https://formative.jmir.org/2025/1/e76264

(JMIR Form Res 2026;10:e115983) doi: 10.2196/115983

In "Depression and Anxiety Outcomes in a Technology-Enabled Psychotherapy Practice: Retrospective Cohort Study" [1], the authors have requested the following changes.

In the Access to Quality Care section of the Introduction, the third sentence of the first paragraph was revised from the following:

> *One study found that 73.5% of patients in a health system setting dropped out of care prior to their fourth session, suggesting that the majority of patients received an inadequate dose of treatment [6].*

The sentence has been corrected to read:

> *One study found that 63.7% of patients in a health system setting dropped out of care prior to their fourth session, suggesting that the majority of patients received an inadequate dose of treatment [6].*

In the Principal Findings section of the Discussion, the third paragraph starting with the seventh sentence contains multiple errors to correct. The following text has been revised:

> *Third, we used 12-session outcomes for comparisons to the Blueprint Quality Index comparators, who specified their end point at 12 sessions [8], and outcomes at graduation for all other comparators, who used multiple end-point definitions [8,10,34,37]. When compared to naturalistic studies examining clinical outcomes of clinicians using a range of therapeutic modalities and approaches, response rates (46% in the literature vs 48% in this study) and recovery rates (21% in the literature vs 54% in this study) also compare favorably [11,37]. In anxiety disorders, a systematic review of outcomes for cognitive behavioral therapy showed reliable improvement rates of 45% (vs 62% in this study), and finally, a large naturalistic study showed recovery rates of 31% (vs 60% in this study) [10,38].*

The text has been corrected to the following:

> *Third, we used 12-session outcomes for comparisons to the Blueprint Quality Index comparators, who specified their end point at 12 sessions [11], and outcomes at graduation for all other comparators, who used multiple end-point definitions [8,10,37,38].) When compared to naturalistic studies examining clinical outcomes of clinicians using a range of therapeutic modalities and approaches, response rates (25% in the literature vs 48% in this study), reliable improvement rates at session 12 (21% in the literature vs 52% in this study), and recovery rates at session 12 (31% vs 54% in this study) also compare favorably [8,11]. In anxiety disorders, a systematic review of outcomes for cognitive behavioral therapy showed reliable improvement rates of 45% (vs 62% in this study) [38]. Finally, results compare favorably at session 12 to a large naturalistic study on both reliable improvement rates (24% vs 46% in this study) and recovery rates (38% vs 60% in this study) [11].*

In the Principal Findings section of the Discussion, the second sentence of the fourth paragraph was revised from the following:

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The dropout rates in a standard health care setting were six times higher than observed in our sample (73.5% vs 10.1%) [6].

The sentence now reads:

The dropout rates in a standard health care setting were six times higher than observed in our sample (63.7% vs 10.1%) [6].

The correction will appear in the online version of the paper on the JMIR Publications website together with the publication of this correction notice. Because this was made after submission to PubMed, PubMed Central, and other full-text repositories, the corrected article has also been resubmitted to those repositories.

Reference

1. Forand NR, Nettiksimmons J, Anton M, Truxson R, Vanderwood K, Green B. Depression and anxiety outcomes in a technology-enabled psychotherapy practice: retrospective cohort study. JMIR Form Res. Dec 02, 2025;9:e76264. [FREE Full text] [doi: 10.2196/76264] [Medline: 41330576]

This is a non–peer-reviewed article. Submitted 02.Nov.2026; accepted 06.Nov.2026; published 20.Nov.2026.

Please cite as:
Forand NR, Nettiksimmons J, Anton M, Truxson R, Vanderwood K, Green B
Correction: Depression and Anxiety Outcomes in a Technology-Enabled Psychotherapy Practice: Retrospective Cohort Study
JMIR Form Res 2026;10:e115983
URL: https://formative.jmir.org/2026/1/e115983
doi: 10.2196/115983
PMID:

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