emergency departments that did not implement the intervention, matched on patient and hospital characteristics.\(^4\) For this study, although we cannot exclude the possibility that differences in usual care unrelated to the intervention accounted for some of the observed effects, the matching strategy and adjusted analysis increase our confidence that detected effects were likely caused by the intervention.

For many trials of psychosocial interventions, blinding study investigators and participants to intervention assignment is impractical. As Zaderenko notes, use of blinded outcomes assessment can reduce biases from unblinded intervention group allocation. All but 3 of the studies included in our meta-analysis used blinded outcomes assessment.\(^1\) Blinding was accomplished by ensuring that study staff who gathered (from medical record review or study participant report) and analyzed outcomes had no knowledge of which participants received the intervention. Study participant report is the most reliable source of information for certain outcomes, ie, depression symptoms and suicide attempts. Studies included in our meta-analysis used validated measures to assess these outcomes, thereby reducing risk of bias in reporting.

As Zaderenko suggests, more large, rigorous, generalizable, double-blinded randomized clinical trials would help strengthen the evidence base to inform clinical practice recommendations. However, in our assessment, the existing studies are conducted with sufficient rigor such that their findings support the implementation of brief suicide prevention interventions in clinical practice.

**Stephanie K. Doupnik, MD, MSHP**

**Cadence F. Bowden, MSW, MPH**

**Steven C. Marcus, PhD**

**Author Affiliations:** PolicyLab, Center for Pediatric Clinical Effectiveness, Division of General Pediatrics, Children’s Hospital of Philadelphia, Philadelphia, Pennsylvania (Doupnik, Bowden); Department of Pediatrics, University of Pennsylvania, Philadelphia, Pennsylvania (Doupnik); Leonard Davis Institute of Health Economics, University of Pennsylvania, Philadelphia (Doupnik, Marcus); Center for Mental Health, University of Pennsylvania, Philadelphia (Marcus).

**Corresponding Author:** Stephanie K. Doupnik, MD, MSHP, Roberts Center for Pediatric Research, University of Pennsylvania, #1-242, 2716 South St, Philadelphia, PA 19146 (doupniks@chop.edu).

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**CORRECTION**

**Error in Value in Abstract:** In the Original Investigation titled “Effect of Long-Acting Injectable Antipsychotics vs Usual Care on Time to First Hospitalization in Early-Phase Schizophrenia: A Randomized Clinical Trial,”\(^1\) there was an error in a value in the Results section of the Abstract. The percentage of male participants was reported as “(368 men [55.3%])” but should be “(368 men [75.3%]).” This article has been corrected online.


**Errors in the Figure and Reference 38:** In the Original Investigation titled “Association of Parent-Reported Sleep Problems in Early Childhood With Psychotic and Borderline Personality Disorder Symptoms in Adolescence,”\(^3\) published online July 1, 2020, reference 38 was updated, and in the Figure, “Regular sleep routines at 3.5 y” was changed to “Regular sleep routines at 30 mo.” This article has been corrected online.


**Error in Figure and Table:** In the Original Investigation titled “Identification of Neuropsychiatric Copy Number Variants in a Health Care System Population,”\(^1\) published online July 22, 2020, there were errors in Figure 1 and Table 1. In panel B of Figure 1, there was a missing vertical line in the pedigree chart. In Table 1, the dCOVRHR, deCODE, and UK Biobank values were switched for deletion and CNV and the number of deCODE 16p13.11 deletion cases should be 38. This article has been corrected online.


**Update to Open Access Status:** In the Original Investigation titled “Reward-Processing Behavior in Depressed Participants Relative to Healthy Volunteers: A Systematic Review and Meta-analysis,”\(^1\) published online July 29, 2020, the authors updated the status of the article so that it is now Open Access. This article has been corrected online.