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CORRIGENDUM

Neural responses to monetary incentives among self-injuring adolescent girls—CORRIGENDUM

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There was a transposition error in the L-SASI data in Table 1 on page 284 in our original article. The values for the "Ambivalent attempts" and "High intent attempts" rows were transposed, which are corrected herein. We regret these errors and any problems they may have caused.

Reference

Sauder, C. L., Derbidge, C. M., & Beauchaine, T. P. (2016). Neural responses to monetary incentives among self-injuring adolescent girls. *Development and Psychopathology*, *28*, 277–291. doi:10.1017/S0954579415000449

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Table 1. *Demographic variables, reports of self-injury and suicidal ideation, and self-reported internalizing and externalizing scale score by group*

Variable	Control Mean (*SD*)	Self-Injury Mean (*SD*)	*t* or *z*[a]	Effect Size
Descriptive statistics				
Age	15.93 (2.03)	15.70 (1.77)	$t = 0.36$	$d = 0.11$
KBIT IQ	113.68 (9.73)	108.42 (10.17)	$t = 1.63$	$d = 0.52$
Self-Reported Self-Harm Behaviors and Borderline Personality Symptoms				
SIQ-Jr	1.63 (2.00) ($n = 8$)	14.88 (15.72) ($n = 8$)	$t = 2.36$*	$d = 1.26$
SIQ	2.54 (5.28) ($n = 11$)	49.63 (32.57) ($n = 11$)	$t = 4.73$***	$d = 2.12$
L-SASI				
SII	0.00 (0.00)	184.16 (262.05)	$z = 5.63$***	$r = .91$
Ambivalent attempts	0.00 (0.00)	20.42 (36.13)	$z = 3.81$***	$r = .62$
High intent attempts	0.00 (0.00)	1.32 (2.40)	$z = 2.62$**	$r = .42$
Total suicide attempts	0.00 (0.00)	21.74 (38.27)	$z = 4.04$***	$r = .66$
SCID-II BPD symptoms	0.00 (0.00)	3.00 (1.70)	$z = 5.66$***	$r = .92$
Self-Reported Symptoms of Psychopathology				
Youth Self-Report				
Externalizing	46.63 (8.50)	58.42 (9.84)	$t = 4.02$***	$d = 1.36$
Internalizing	38.68 (6.13)	61.26 (12.70)	$t = 6.98$***	$d = 2.36$
Youth's Inventory[b]				
Conduct disorder	0.00 (0.00)	0.53 (0.84)	$z = 2.05$*	$r = .34$
ADHD-combined[c]	0.31 (0.26)	0.59 (0.37)	$t = 2.64$**	$d = 0.88$
Major depression[c]	0.21 (0.19)	0.69 (0.30)	$t = 5.95$***	$d = 1.91$
Dysthymia[c]	0.15 (0.20)	0.63 (0.31)	$t = 5.64$***	$d = 1.84$
Generalized anxiety	0.00 (0.00)	2.05 (3.14)	$z = 2.64$***	$r = .43$
Schizophrenia	0.11 (0.32)	0.47 (0.77)	$z = 1.61$	$r = .26$
DISC diagnoses				
Major depression	0	9	—	—
Substance use disorder	0	3	—	—

Note: KBIT, Kaufman Brief Intelligence Test, Second Edition (KBIT-2; Kaufman & Kaufman, 2004); SIQ, Suicide Ideation Questionnaire (Reynolds, 1987, 1988), standardized by grade level: SIQ-Jr (Grades 7–9) raw scores ≥ 31 and SIQ (Grades 10–12) raw scores ≥ 41 indicate significant clinical concern regarding suicide risk; L-SASI, Lifetime Suicide Attempt Self-Injury Count (Linehan & Comtois, 1996); SCID-II BPD, Structured Clinical Interview for DSM-IV Axis II (First et al., 1997) borderline personality disorder; SII, self-inflicted injury; SA, suicide attempt; ADHD-combined, attention-deficit/hyperactivity disorder–combined; DISC, Diagnostic Interview Schedule for Children.
[a]*t* tests were conducted on normally distributed data; Mann–Whitney U tests were conducted on skewed data.
[b]Due to technical difficulties with the computerized questionnaire, Youth's Inventory data were lost for one participant who had already been screened into the control group and completed the scanning procedure.
[c]Means, standard deviations, and *t* tests are reported for log-transformed data.
*$p \leq .05$. **$p \leq .01$. ***$p \leq .001$.

the caudate nucleus. There were no significant Group × Reward Magnitude interactions.[3]

We conducted follow-up analyses to assess whether functional activation within regions that differentiated between SII and control participants was associated with symptoms of impulsivity (ADHD) and/or depression. Significant correlations were found across groups for symptoms of both ADHD and MDD in both the striatum and amygdalae bilaterally (see Figure 3). Activation within the striatum was correlated negatively with ADHD combined symptoms, as reported by both parents ($r = –.35$, $p = .03$) and adolescents ($r = –.42$, $p = .01$). Similar effects were found for symptoms of MDD for both parents ($r = –.31$, $p = .05$) and adolescents ($r = –.49$, $p = .002$). Amygdala activation was also correlated negatively with both ADHD combined symptoms (parent report, $r = –.41$, $p = .01$; adolescent report, $r = –.38$, $p = .02$) and MDD symptoms (parent report, $r = –.40$, $p = .01$; adolescent report, $r = –.46$, $p = .004$). There were no associations between OFC activation and either parent or self-reports of ADHD or MDD, all $ps > .23$.[4]

3. To ensure that group differences were not attributable to reduced responding among SII participants across all stimulus types, we also analyzed loss data. Although a group difference was observed in the OFC, no group differences were found in the striatum or amygdalae.

4. Correlations between functional activation within the OFC, striatum, and amygdala were largely specific to symptoms of ADHD and MDD. For example, no such relations were found for anxiety disorder symptoms.