**Table 1.** Summary of the cognitive behavioral treatment protocol

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| **Session No.** | **Duration in minutes** | **Content (Steil et al., 2011)** |
| **Preparatory sessions** | | |
| p1, p2, p3, p4, p5 | 250 | Building a therapeutic relationship, anamnesis patient / family, biography, treatment-specific assessments, assessment of fears and safety behaviors and their consequences with both patient and parent, collecting information on former treatments, case conceptualization, treatment contract, treatment rationale and organizational framework |
| **Phase 1: developing an individual model of SAD and its symptoms** | | |
| 1 | 50 | Developing an individual model of SAD by exploring last epidsode, safety behaviors, self-focused attention, SAD-related mental images, fears, body symptoms |
| **Phase 2: changing dysfunctional cognitive processes** | | |
| 2, 3 | 100 | Behavioral experiment on the role of and modification of self-focused attention and safety behaviour using video feedback |
| 4, 5 | 100 | Attention training: learning how to shift attention from oneself to the outside world, in neutral as well as SAD-related situations |
| **Phase 3: testing dysfunctional beliefs** | | |
| 6-16 | 550 | Behavioral experiments for validation of social phobic beliefs (interaction with unknown persons within the therapeutic setting or in suitable situations outside the therapeutic setting; throughout: not using safety behaviors, externally focused attention)   * role plays using video feedback * therapist-guided in vivo experiments * self-guided in vivo experiments as homework (interactions in everyday life) * weekly worksheet; thought record diary (homework) |
| **Phase 4: changing dysfunctional beliefs with verbal methods** | | |
| 17-21 | 250 | Restructuring negative core beliefs (self-concept, perfectionism), changing negative automatic thoughts   * weekly worksheet; behavioral experiments diary, thought record diary (homework)   Reduction of the anticipatory and post-event processing   * weekly worksheet, thought record diary (homework)   Evaluation of treatment success with treatment-specific assessments |
| **Phase 5: modifying dysfunctional mental images** | | |
| 22, 23 | 100 | Integrating new and helpful beliefs into social situations via mental images |
| **Phase 6: treatment termination / relapse prevention / booster sessions** | | |
| 24, 25 | 100 | Treatment termination and relapse prevention |
| **Total** | **1500 minutes** |  |

*Note.* p1 – p5 = preparatory sessions; SAD = social anxiety disorder

**Table 2.** Summary of the psychodynamic treatment protocol

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| **Session No.** | **Duration in minutes** | **Content (Horn et al., 2010)** |
| **Preparatory sessions** | | |
| p1 – p5 | 3 weeks à 1 x 50 minutes and  1 week with 100 minutes (or 2 x 50) | Initial interview, biographical anamnesis patient and family, where applicable. Relationship episodes interview, psychodynamics (core conflictual relationship theme, CCRT).  The CCRT is formulated and put into writing; written CCRT is handed over to the patient.  The therapeutic contract (socialization interview, Luborsky, 1995) informs about:  • disorder and treatment, •determination of appointments, •first goal agreement, •agreement to review what has been accomplished with regard to the goals set before treatment at the half-way point (session 13). |
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| **Phase 1: early phase** | | |
| 1 – 8 | 6 weeks à 1 x 50 minutes,  1 week with 2 x 50 minutes | The therapist tries to establish a good working alliance with the help of supportive interventions.  Working on identifying the CCRT and relating the symptoms of social anxiety to the CCRT. |
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| **Phase 2: middle phase** | | |
| 9 – 16 | 4 weeks à 2 x 50 minutes | Refinement of the CCRT. The therapist relates the CCRT to different interpersonal relationships of the patient (“working through the CCRT”). The written CCRT is presented to the patient again. If necessary, therapist and patient rewrite the CCRT together.  Encouragement of the patient to self-guided symptom exposure.  Between sessions 13 and 15 therapist and patient review what has been accomplished with regard to the predefined goals.  The therapist examines if traumatic experiences have influenced the CCRT. |
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| **Phase 3: termination phase** | | |
| 17 – 22 | 6 weeks à 1 x 50 minutes | The therapist reminds the patient of the termination and marks milestones (goals achieved?).  If symptoms recur the therapist relates them to the CCRT.  Therapist and patient summarize what has been learned about the CCRT and its relation to social anxiety. |
| **Phase 4: booster sessions** | | |
| 23 – 25 | 3 sessions à 50 minutes every two weeks | The therapist monitors and supports the patient´s improvements with regard to social anxiety.  He or she encourages the patient´s own activities (e.g. self-exposure).  Especially in case of relapse, therapist and patient again talk about the meaning of the treatment termination and its relation to the CCRT.  The therapist emphasizes the patient´s personal contribution to the achieved improvements. |
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| **Total** | **1500 minutes** |  |

*Note.* p1 – p5 = preparatory sessions