**Supplementary Material**

**Clinically Significant Change and Response rates**

In addition to comparing group means on LSAS scores at different the time points of the study we also examined *clinically significant change* (CSC) and *clinical response rates* at post-treatment and follow-up. In their seminal article, Jacobson and Truax (1991) outline two crucial limitations of evaluating treatment effects based only on change in group–means. First, statistical comparisons between mean changes provide no information about within-treatment outcome variability within samples; and second, simple mean comparisons give no information about the clinical significance of the noted effect, revealing very little about the efficacy of the examined treatment.

In line with the guidelines of Jacobson and Truax (1991), CSC was determined per participant. First, based on the pre-treatment LSAS scores of the present sample, combined with the authors’ data pool from previous clinical trials (Ntotal=137 subjects), we calculated the LSAS mean and standard deviation at pre-treatment, and a post-treatment cutoff score of 41.60 was determined as reflecting CSC. Next, we computed a reliable change (RC) index based on the pre- and post-treatment scores of each participant and the LSAS test-retest reliability data from Baker et al. (Baker *et al.*, 2002). Only post-treatment scores that also reflected a reliable change were considered clinically significant change (Jacobson and Truax, 1991). In addition, and akin to previous RCTs examining treatment efficacy in SAD, clinical response was defined for each participant as a reduction of least 31% in LSAS score from baseline to post-treatment measurement (Bandelow *et al.*, 2006, Leichsenring *et al.*, 2013).

Comparing clinically significant change (Jacobson and Truax, 1991) and treatment-response rates (Bandelow et al., 2006, Leichsenring et al., 2013) from pre- to post-treatment and to follow-up between the two treatment groups revealed that 8 patients in the ABM group vs. 2 patients in the placebo group achieved reliable CSC at post-treatment, χ2=4.38, p=.036. Analysis at follow-up showed that 7 patients in the ABM group vs. 2 in the Placebo group maintained reliable CSC, χ2=3.64, p=.05. Thirteen patients in the ABM group vs. 6 patients in the placebo group showed significant treatment response at post-treatment, χ2=4.19, p=.04. A similar analysis at follow-up showed that 14 patients in the ABM group vs. 11 in the placebo group achieved treatment response, with no difference between the groups, χ2=1.05, p=.30.