



## Dog Phobia Within the Framework of Cognitive Behavioral Therapy: Case Report

Ahmet Özbay\*  
Beyza Özdemir\*\*

### Abstract

This case report discusses the psychotherapy and supervision process of a 28-year-old female client with a dog phobia using the framework of cognitive behavioral therapy. The first section delves into the client's life history, the reason for seeking therapy, the primary issues, and the progression of these issues. We describe the cognitive-behavioral therapy process and the clinical follow-up. We mentioned the topics covered in the sessions and detailed the techniques used. The therapy resulted in a decrease or even the disappearance of the client's dog phobia. The therapist administered the Specific Phobia Scale in the first and last sessions, scoring 34 in the first session and 0 in the last session. We anticipate that the results of this study will shed light on the suitability of cognitive behavioral therapy for specific phobias and the impact of online therapy.

**Keywords:** Cognitive behavioral therapy, animal phobia, dog phobia, online therapy.

\* Dr., Milli Eğitim Bakanlığı, İstanbul/Türkiye, ahmetozbay@hotmail.com, orcid.org/0000-0001-5021-5980.

\*\* Klinik Psikolog, İstanbul Aydın Üniversitesi Fen-Edebiyat Fakültesi Klinik Psikoloji Bilim Dalı, İstanbul/Türkiye, beyzaozdemir1@stu.aydin.edu.tr, orcid.org/0009-0005-1175-9922.

## Biliřsel Davranıřçı Terapi erevesinde Kpek Fobisi: Olgu Sunumu

### z

Bu olgu sunumunda, kpek fobisi olan 28 yařındaki bir kadın danıřanın psikoterapi ve spervizyon sreci Biliřsel Davranıřçı Terapi erevesinde ele alınmıřtır. İlk blmde danıřanın yařam yks, terapiye bařvurma nedeni, temel sorunları ve sorunların geliřimi ele alınmıřtır. Biliřsel Davranıřçı Terapi sreci ve klinik takip anlatılmıřtır. Seanslarda iřlenen konulardan bahsedilmiř, kullanılan tekniklerden ayrıntılı olarak bahsedilmiřtir. Terapi sonucunda danıřanın kpek fobisinin azaldığı hatta yok olduđu gzlemlenmiřtir. Terapist ilk seansta ve son seansta zgl Fobi lęi verilmiř ve ilk seansta puan 34 iken son seansta puan 0 çıkmıřtır. Bu alıřmanın sonularının Biliřsel Davranıřçı Terapinin zgl fobi iin ne kadar uygun olduđu ve online terapinin etkileri konusunda katkı saęlaması beklenmektedir.

**Anahtar Kelimeler:** Biliřsel davranıřçı terapi, hayvan fobisi, kpek fobisi, online terapi.

## Introduction

Specific phobia is one of the most common mental disorders today<sup>1</sup>. When we look at the definition of specific phobia, it is seen that it is explained by the apparent fear of a particular situation or object and the avoidance it causes<sup>2</sup>. Intense anxiety about an object or situation that has been present for at least six months, and in the event of encountering this situation or object, accompanied by bodily symptoms such as sweating, trembling, shortness of breath, palpitations, dizziness, and avoidance behavior to avoid encountering can be listed as criteria<sup>3</sup>. As a person's avoidance increases, the fear of the phobia source increases, causing avoidance again. This becomes a vicious circle that negatively affects one's life<sup>4</sup>. The onset of specific phobias appears to occur largely in childhood; therefore, individuals may not be able to recall any moments related to the phobic object or situation<sup>5</sup>. In addition, the lifetime incidence of specific phobias ranges from 7.2-11.3% in women and is reported to be more common in individuals than in men<sup>6</sup>.

There are various subtypes of specific phobias. These subtypes include the natural environment type, which includes situations such as thunder, altitude, blood injection, and injury type; the animal (snake, cat, dog, spider, etc.) type, which includes animals such as insects, is classified as Situational Type and other types, which include fear of airplanes, elevators and indoor spaces<sup>7</sup>. Animal phobia has been reported to be the most common type in subtypes<sup>8</sup>.

- 1 R. C. Kessler - P. Berglund - O. Demler - R. Jin - K. R. Merikangas - E. E. Walters, "Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication", *Arch Gen Psychiatry*, sayı 62, 2005.
- 2 Ö. Köroğlu, "Sosyal fobi belirtileri ile yetişkin bağlanma stilleri ve anne baba tutumu arasındaki ilişkilerin incelenmesi", (Yayımlanmamış Yüksek Lisans Tezi), Haliç Üniversitesi Sosyal Bilimler Enstitüsü, İstanbul, 2017.
- 3 American Psychiatric Association, *Handbook on the Definition and Classification of diseases in Psychiatry*, Fifth Edition (DSM-5), (Ch. E. Corollary), Ankara, Medical Broadcasting Union, 2014.
- 4 M. Z. Sungur, "Phobic disorders", *Psikiyatri dünyası*, sayı 1, 1997.
- 5 L. G. Ost, "Age of onset in different phobias", *J Abnorm Psychol*, sayı 96, 1989.
- 6 K. J. Wardenaar - C. C. W. Lim - A. O. Al-Hamzawi - J. Alonso - L. H. Andrade - C. Benjet, "The cross-national epidemiology of specific phobia in the world mental health surveys", *Psychol Med*, sayı 47, 2017.
- 7 American Psychiatric Association, *Handbook on the Identification and Classification of diseases in Psychiatry*, revised, Fourth Edition (DSM-4-TR), (Ch. E. Corollary), Ankara, Medical Broadcasting Union, 2020.
- 8 F. Ahs - J. Rosén - G. Kastrati - M. Fredrikson - T. Agren - J. N. Lundström, "Biological preparedness and resistance to extinction of skin conductance responses conditioned to fear

One of the effective methods for specific phobias and animal types is Cognitive Behavioral Therapy<sup>6</sup>. Techniques such as systematic desensitization, avoidance prevention, and exposure to Cognitive Behavioral Therapy effect particular phobias<sup>9</sup>. CBT for animal phobias involves re-examining assumptions and thoughts that perpetuate fear and engaging in behaviors that reduce fear and avoidance of the animal.

This case presentation involves transferring the 28-year-old female client's cognitive-behavioral therapy process. The client stated that she wanted to come to therapy because she avoided dogs throughout her life, escaped, and negatively affected her functionality.

The sessions were held within the scope of Istanbul Aydın University supervision and were supported by a supervisor.

While there are case presentations related to dog phobia in the international field, only a limited number of cases have been presented in the animal subtype of specific phobia in the national field. This case presentation conveys the client's cognitive formulation, whose main reason for reference is fear and avoidance of dogs, and the psychotherapy process conducted within the cognitive behavioral therapy framework.

This study aims to provide a practical example for professionals in the clinical field. We will give details on the life of the phenomenon and the issues it has encountered, followed by a discussion of the therapy process, its scale, and the methods employed.

An informed consent form was filled out, and permission was obtained from the client mentioned in the case report. We obtained both written and verbal consent from the client. The client understands that we will publish it as a case.

## Case

A 28-year-old woman with a college degree had never received psychological help. She is currently working as a social media specialist for an agency. She lives with her mother, father, and brother, who are three years older than her. She describes the mother as "an angel, funny, and easy to handle," and the father as "marginal, self-conscious, and very compassionate." They spend a lot of time

---

relevant animal pictures: A systematic review", *Neuroscience & Biobehavioral Reviews*, sayı 95, 2018.

9 B. Bandelow, "The medical treatment of obsessive-compulsive disorder and anxiety", *CNS spectrums*, sayı 14, 2008.

with their brother; they tell each other everything, and she describes her brother as “the greatest helper.” The father was retired, the mother was a housewife, and the brother was a copywriter. She expresses a strong bond with her grandfather, stating that he is the person she loves the most, second only to her parents. She always said that she grew up with a lot of interest and was very sincere with her family.

She claims that her obsession with height in elementary school led her to fear ridicule from her peers, a fear that persisted until high school. However, she asserts that she currently faces no issues related to her height. She said that she was successful in elementary and middle school, and that her friendship relationships were she admits that she had numerous weaknesses during her high school years, such as not paying attention to lectures, spending a lot of time with her friends, and rarely preparing for university exams. She mentioned that she earned a degree in communication arts at a private university and that her university life, friendship relations, and course processes went very well. She graduated with an honors degree. She reported that she was still meeting with her elementary, middle school, high school, and university friends.

She says that she is very satisfied with the job she is currently working at, and that her agencies are enjoyable. She described herself as a cooperative and hardworking person at work.

She says she enjoys drinking coffee with her friends and mother, exploring new places, touring, dealing with flowers, and taking pictures. Throughout her life, there was no history of romantic relationships.

Three years ago, she discovered she had innate inflammatory joint rheumatism, leading to an operation and ongoing treatment. She stated that she had been going to pilates once a week for a year.

### **Mental Examination**

She maintains cleanliness, pays attention to her clothing and care, smiles, loves detail, speaks fluently, and intelligently, and enjoys making jokes. She communicates with her eyes and clearly expresses her feelings.

The client seeks therapy primarily because of her from being in any environment where dogs are present. When encountering a dog, she reports experiencing physical symptoms such as sweating, trembling hands and feet, and palpitations. She maintains a constant state of alertness, monitors the dog’s approach, and believes physical contact with the dog could result in severe harm. She stated that her house was five minutes from the subway, but the road was congested with

numerous dogs. As a result, she reported taking an alternative route, resulting in a half-hour commute. She stated that this situation harms friends and business relationships. She reported that she could not go to the places her friends wanted to go to because of the possibility of being a dog and that she should always find a suitable café without dogs; if there is a dog, she wants help to take away from everyone, and in this case, it harms friendship relations. In addition, there is a dog in the workplace where she works, and because she knows her presence, she says that she cannot focus on any work, cannot be productive, and wants to leave immediately, which affects her work negatively. The client stated that the dog has been a part of her life since childhood and has not had any traumatic experiences with dogs. Therefore, the primary reason for the client's visit to therapy is their fear of dogs.

### **Clinical Information**

When we look at the diagnostic criteria for specific phobias under DSM-5,

- Understandable anxiety and fear of heights, animals, blood, needles, airplane boarding, or any other situation or object.
- Whether the source of phobia causes anxiety and fear in every way, avoiding the source or being accompanied by intense anxiety and fear.
- The excess of fear of the source of phobia is disproportionate to reality in relation to the actual danger that the source may cause.
- Anxiety, fear and avoidance have been present for at least six months
- The situation that is experienced causes deterioration in the functionality of the person on many issues,
- The diagnostic criteria are that a different mental disorder cannot be better explained by the condition<sup>5</sup>.

The client, in this case, meets all diagnostic criteria.

The client's reason for seeking therapy was that she had experienced an intense and apparent fear of dogs since childhood and had avoided them. The client's thoughts, such as "What if they approach me?," dominate her functioning. The client's thoughts of "I will be very terrible; they can touch me" dominate her functioning. While evaluating of potential diagnoses, we identified these fears primarily in dogs, leading us to formulate a hypothesis for animal phobia, a specific phobia subtype 5 in the DSM-5. This hypothesis was tested by examining the client's circumstances and thoughts about the dogs.

## The Cognitive Behavioral Therapy Process

The first session (21.09.2022) was held within the scope of the evaluation interview, and the reasons for the client's application were taken in detail. After the first session, case formulation was created following CBT model.

In the second session (28.09.2022), life history was taken. How she watched the dog's fear, how often it happened, the severity of the avoidance behavior, and situations that facilitated and affected the dog's fear were determined. The client was rated between 0 and 100 for dog fear and gave 95 points. She stated that avoidance was severe. She said that she did not go to specific places not to meet the dog; she was afraid to cross streets that were dogs, and for such reasons, her business and friendship relations were impaired. She mentioned that she had no encounter with dogs because she was constantly avoided. She reported that the same fear in her brother was effective in this case and caused her to normalize avoidance because she had been doing so with her brother since she was little. She mentioned that she had not encountered a dog. At the end of the session, the "Specific Phobia Scale" was given and asked to be filled out. Turkish validity and reliability were measured by Öztekin et al. The 10-item scale assesses the severity of specific phobia in individuals using an individual's self-assessment of the last seven days<sup>10</sup>. The scale is 5-type likert (0= at no time, 4= ) throughout the week. A maximum of 40 points was scored, meaning the higher the score, the more severe it is. Accordingly, the total raw score of clients was 34. The severity level of a specific phobia is severe (3) on this scale.

Then, the intervention part started.

The third session (05.10.2022) saw the completion of the evaluation phase and the start of the therapy phase. We also provided psychoeducation regarding specific phobias and CBT. It plays a crucial role in psychoeducational therapy planning. We provided psychoeducation on cognitive behavioral therapy, explaining the ABC model, specific phobias, and body physiology. The psychoeducation session covered topics like the experience of avoidance and its prevention, the identification and reorganization of automatic thoughts, and exposure. We discussed the emotions, thoughts, and behaviors that arose from fear. Indeed, it's not a direct event that impacts us; the interpretations we give to these events shape our emotions. We provide examples from the client's life. The client expressed her relief after the psychoeducation session, as she had previously

---

10 S. Öztekin - O. Aydın - O. Aydemir, "Validity and reliability of DSM-5 specific phobia violence scale Turkish form", *Anatolian Journal of Psychiatry/Anadolu Psikiyatri Dergisi*, sayı 18, 2017.

believed she was merely living her life, constantly questioning its purpose. Now, she felt a sense of clarity and excitement, eager to share her experiences with her friends.

In the fourth session (12.10.2022), the client's experiences continued to rest. She said she loved dogs, and wanted to touch them, but could not. She said she did not want to go on with her life without touching the dogs was curious about them, and wanted to be encouraged, but was afraid of the symptoms she would experience. The client was asked to analyze the benefits and harms of the dog's fear. She did not mention any benefits. She listed damages as a loss, such as being unable to go anywhere and adapt to her friends, being unable to focus on her job because there was a dog at work, being unable to enter some roads and places, and being alert at any time. We then asked the consultant to recount these incidents. She said that the business owner had a dog, and she was playing with everyone, but when she went to the agency, they had to lock it up in the room because she was so scared. She stated that she once went to the agency's toilet, but could not open the door due to the sound of a dog coming from the front door, which prevented her from leaving the toilet for a considerable amount of time. The therapist assessed the client's emotions and inquired about her feelings. She said that she felt awful and stuck. Understanding the client's discomfort with the dog is crucial. The client said that she was afraid that the dog would be active. We applied the Socratic method after receiving the information.

During the fifth session (19.10.2022), the client's experience with dogs led to developing a socratic method. The client mentioned a subway station near their home, but she could not use it due to the excessive number of dogs at the entrance and on the way. Therefore, she chose to take a different route. While she could reach the subway in five minutes by her nearby route, she said that she had extended her journey by half an hour by changing the road and was very unhappy with this situation. This conversation started to take shape at that precise moment. We inquired about her thoughts at that moment, the changes in her body, and her emotions.

With the down Arrow technique, the client's assumptions were questioned.

Therapist: What happens if you meet the dog?

Client: The dog can jump on me, and move very fast.

T: What happens if a dog jumps and moves too fast?

C: I tremble, I get sick, and I get a stroke

T: What happens if you tremble, get sick and have a palpitation?



C: I would be bad

T: What if you would bad?

C: I do not want to feel bad, but I do not know because I probably did not try it later. Nothing occurred.

The client suggested that even if she faltered, she could still pass.

She expressed her feelings of fear and terror, described her thoughts as either coming to me or jumping on me, and expressed her belief that her body would react negatively in such a situation. We asked her if she had ever experienced a similar situation before. When the client revealed that she didn't exist, the question arose about how she understood the repercussions of an unfamiliar experience. After responding to this question, the client smiled and said she was simply speculating about what she didn't know. The client expressed her uncertainty about what could happen when she met the dog, realizing that she could only predict the outcome if she experienced it herself. We then described the exposure hierarchy to the client and created an exposure hierarchy at the session's conclusion. We built the steps accordingly, taking into account the online sessions.

Exposure is a method therapists use to find avoidance behaviors by confronting them with objects or situations where they show emotional reactions and prevent them from avoiding them<sup>11</sup>. Exposure has been reported to be the most effective and powerful therapy for specific phobias, with excellent results<sup>12</sup>. The difficulty level of the steps out of 100 for the client is indicated next to the steps. (100 very distressing, 0 no discomfort). The hierarchy steps are as follows:

---

**Exposure Hierarchy**

---

Looking at dog photos and watching videos 10

---

Touching the dog toy 15

---

Looking at a dog in a closed place and away from 30

---

Look at the dog from behind the obstacle in a partially open area 35

---

Looking at a dog away from obstacle 40

---

Looking at a dog in the middle distance 45

---

11 Ö. Koroğlu, "Sosyal fobi belirtileri ile yetişkin bağlanma stilleri ve anne baba tutumu arasındaki ilişkilerin incelenmesi", (Yayımlanmamış Yüksek Lisans Tezi), Haliç Üniversitesi Sosyal Bilimler Enstitüsü, İstanbul, 2017.

12 Y. Choy - A. J. Fyer - J. D. Lipsitz, "Treatment of specific phobia in adults", *Clin Psychol Rev.*, sayı 27(3), 2007; doi: 10.1016/j.cpr.2006.10.002.

Looking at a dog someone is holding in a nearby place	50
Looking at a dog nearby	55
Go to a cafe with a lot of dogs around	65
Loving a dog held by the owner	80
Loving a freely moving dog	95
Being in the same room as a dog	98
Feeding the dog	100

We advised the client to remain on her current path and observe the dog's behaviour. They advised her not to ask the people around her to remove the dog.

The client learned breathing exercises in the sixth session (October 26, 2022). She said that it comforted her. We gathered data on the dogs' perceptions of the client's danger. The client received detailed information about her feelings during the steps, the process, and her reactions, based on the dog photos and videos from the previous session. She stated that she could do these things efficiently, wanted to do more, and was confident and encouraged. She said she took the initiative to look at photos and videos and touch the toy without thinking. She stated she was initially excited to see a dog in a closed and distant place and constantly considered how she would feel. She found a dog tied around in a wire-surrounded garden and examined it. While she didn't want to look at the dogs' faces, she now stands and looks. She was surprised and excited that she could achieve these steps. We discuss the targeted steps for the next session. We have discussed handling a dog toy and tending to a dog in a confined space.

She said the ABC model relieved her in the seventh session (02.11.2022). When I think about "How do I beat my fear by thinking?" now. I think that changing the B (thoughts) C, automatically states it is. After the client conveyed these statements, the coping statements proposed by Koroğlu were mentioned and asked to be used. These statements include, "By taking this step, I will have overcome my fear of dogs," "As I continue to be exposed, everything will become easier," and "These are not facts; they are just my thoughts." People advise looking at the dog behind an obstacle in a partially open area, at a dog far away without any obstacles in between, and a dog at a medium distance. She stated that she was very comfortable doing these things. At that moment, she asked herself, "What could be the worst?" She implied that she had asked the question. She said she had tried to control her breathing, and I reminded myself that my interpretation had scared me. She stated that she could take these steps

without difficulty or feeling bad, that things were not how she thought they were, that her concerns were unwarranted, and that she was excited to do more.

In the eighth session (09.11.2022), she took steps to look at a dog held in the distance, closely by someone, close by a dog that no one had, and to go to a café where the dogs were located. She said someone looked at a dog on her lap and asked the owner about her breed and age. She expressed that the sensation was incredibly satisfying, and upon closer inspection, she began to question whether she felt comfortable holding the dog. She later stated that she was standing beside a dog lying down to ask her thoughts, watch him, and take a photo of him. She stated that although she hadn't been there for a long time, she was filled with happiness, butterflies flitting through her, and the dog never glanced at her, contrary to her initial thoughts. She felt ready, so she and her friends visited a café with dogs nearby. Although a dog was at the side tables in the venue, she wasn't afraid. She stated that she sat comfortably and sometimes controlled the dog but was not as happy as before. When the therapist asked how she felt, she stated that she was shocked, that she was proud of herself at that moment, and that she was confused by emotions. When the therapist asked for a more detailed explanation, she stated that she was both slightly scared and extremely happy that she could stand beside the dog. She conveyed that she was traversing the roads where the dogs were present, did not cross them during the same week, and did not extend her path, which brought her immense joy. She stated that the dog's presence at work no longer distracted her as much as before. We scheduled the planning for a week after completing the exposure hierarchy.

In the ninth session (16.11.2022), the client recounted her visit to a friend's dog-owning home, where she showed love for the dog. She provided detailed information about the process. She said that she was very excited the moment she knew she was going to leave, that she thought about what would happen, and that she believed she could do it. She stated that she was not nervous on the way but only had a slight palpitation when she entered the apartment. She reported that the dog had wrapped itself around her feet and froze when the door opened. She then stated that when the dog touched her, she felt nothing. However, when she noticed the dog had smelled her before leaving, she felt relieved and gradually attempted to approach and touch her. She reported that the dog initially smelled her, showed affection for her when she was in her friend's lap, continued to show affection while the dog was sitting, and then proceeded to play ball and feed him. She stated that she was in the same environment with the dog for hours, that she enjoyed playing with him very much, that she forgot to even eat and played ball

with him, that she did not worry at all after getting used to it, and that she did not try to avoid it. She expressed that what she experienced was the first thing she had experienced in 28 years, and that her feelings were indescribable.

In the tenth session (23.11.2022), she explained that she had gone to the beach to perform the last steps of the hierarchy, that she was very comfortable on her way, that she already knew she could do it, and that she was trying to love a little dog that walked there. She said she was pleased and couldn't get enough of that feeling. She said that she fed animals on the beach, that no one worried her anymore, that she thought nothing about this situation, and that she moved comfortably. We reminded the client of their statements from the first session and discussed the differences.

She stated that there was a noticeable increase in the client's quality of life and functionality due to the sessions and that she did not feel anxious.

What should I do if a dog keeps coming back? I was on the alert if there was a dog behind me. I was choosing a place to avoid dogs with my friends. I feel as if I was separated. I was doing everything just not to see the dog. I am very comfortable now. My friends are shocked, and I am happy about it. I go everywhere I want to. I do not think at all; the dog approaches us while we are sitting in the open area, and the individuals in my vicinity are concerned that I will react. However, I do not respond; this causes me immense joy.

After that, we planned control sessions and discovered that the client got along well with the dogs and had no problems.

The client began sessions on September 21, 2022, with weekly meetings. We held the tenth session on November 23, 2022, after which we initiated control sessions. We held follow-up sessions once a month.

## Discussion

Dog phobia is a common, specific phobia that can significantly impact individuals' daily lives. Researchers have identified Cognitive Behavioral Therapy (CBT) as a practical treatment approach for various phobias, including dog phobia<sup>13</sup>. CBT combines behavior therapy and cognitive therapy, making it a widely accepted and successful psychological treatment for anxiety and phobia<sup>14</sup>.

13 M. A. Tompkins, *Cognitive Behavioral Therapy for Specific Phobias*, PsycTHERAPY Dataset, Apa, USA, 2023.

14 D. Appukuttan, "Strategies to manage patients with dental anxiety and dental phobia: literature review", *Clinical, Cosmetic and Investigational Dentistry*, sayı 35, 2016; <https://doi.org/10.2147/ccide.s63626>.

Research has shown that brief, intensive CBT can be effective in treating specific phobias, even in individuals with comorbid conditions such as autism spectrum disorder<sup>15</sup>.

Studies comparing CBT with other treatment modalities for phobias have consistently shown the superiority of CBT. For example, a study comparing cognitive behavioral group therapy with phenelzine therapy for social phobia found that CBT was more effective in the acute treatment phase<sup>16</sup>.

Additionally, both adults and youth have found one-session treatment using CBT to be a rapid and effective intervention for specific phobias<sup>17</sup> and, established CBT as the preferred psychological intervention for social phobia. Studies that utilize physiological measures to facilitate treatment, demonstrating the successful reduction of avoidance behaviors and physiological reactivity in individuals with phobias, further support the effectiveness of CBT in treating phobias<sup>18</sup>.

The client expressed her dissatisfaction, stating that despite her lifelong fear of the dog, this situation no longer hindered her, but instead caused negativity and was a waste of time in numerous areas. Individuals with specific animal phobia subtypes exhibit very low clinical admission rates due to their low levels of severe impact on their lives, low rates of dysfunction, and their intense avoidance of the source of their phobia. The client expressed surprise when she revealed to others that she had sought help from a psychologist for this issue, as she had no idea she would face such a referral. People may not be able to recall any moments related

- 
- 15 H. Wang - B. Wright - L. Tindall - C. Cooper - K. Biggs - E. Lee - S. Parrott, "Cost and effectiveness of one session treatment (ost) for children and young people with specific phobias compared to multi-session cognitive behavioural therapy (cbt): results from a randomised controlled trial", *BMC Psychiatry*, sayı 22, 2022; <https://doi.org/10.1186/s12888-022-04192-8>.
  - 16 R. G. Heimberg - M. R. Liebowitz - D. A. Hope - F. R. Schneier - C. S. Holt - L. A. Welkowitz - D. F. Klein, "Cognitive behavioral group therapy vs phenelzine therapy for social phobia", *Archives of General Psychiatry*, sayı 55, 1998; <https://doi.org/10.1001/archpsyc.55.12.1133>.
  - 17 T. H. Ollendick - L. Öst - L. Reuterskiöld - N. M. Costa - R. Cederlund - C. Sirbu - M. A. Jarrett, "One-session treatment of specific phobias in youth: a randomized clinical trial in the united states and sweden", *Journal of Consulting and Clinical Psychology*, sayı 77, 2009; <https://doi.org/10.1037/a0015158>.
  - 18 J. T. Chok - J. Demanche - A. Kennedy - L. Studer, "Utilizing physiological measures to facilitate phobia treatment with individuals with autism and intellectual disability: a case study", *Behavioral Interventions*, sayı 25, 2010.

to a phobic object or situation because the onset of specific phobias occurs largely during childhood. In this case, it is known that the person does not experience a particular situation with the dog, and that fear has existed since she was young. Specific phobia animal subtype symptoms are observed when complaints come from the phenomenon. Following cognitive-behavioral therapy sessions, we observed that the client's fear of dogs had significantly decreased. Previously, she avoided streets where she might encounter dogs. Still now she can enter these environments with ease, engage in play with them, walk alongside them, and even feed them, all without experiencing any anxiety. When asked to score the fear of dogs on a scale between 0 and 100, the answer was 0. At the end of the sessions, the specific phobia scale was refilled, and the score fell to 0. She stated that she used all the techniques taught and in the sessions in all areas of her life, not just this problematic one. The client's high level of insight, her curiosity and willingness to question her thoughts and replace them with positive ones, her high motivation, and her intellectual level have all played an essential role in the therapeutic process and the usefulness of the therapy model.

In conclusion, the literature supports the efficacy of CBT in treating dog phobia and other specific phobias. The structured and evidence-based nature of CBT, along with its focus on cognitive restructuring and behavioral interventions, makes it a valuable approach for helping individuals overcome their fears and phobias.

### **The Benefits of the Supervisory Process**

Supervision aids in the professional development of therapists, enabling them to apply their acquired knowledge and develop into competent and ethical practitioners. In this context, the supervisor's psychotherapy functions dictate appropriate direction and application of techniques. The supervisor contributes to many topics, such as supporting and improving the therapist. Supervision is vital in providing a higher benefit to the client and contributing to the therapist's development. The therapist gains self-awareness and different perspectives during the supervisory process, and develop professional competence.

### **Conclusions and Recommendations**

Therefore, we believe that this fact presentation about a person with an animal phobia, a specific phobia subtype studied with cognitive behavioral therapy, will broaden the applications and scope of this subject. We believe additional case presentations showcasing dog fear as a phobia will be beneficial.

### **Ethical Considerations**

Ethics committee permission was obtained from Istanbul Aydın University on May 31, 2023. In addition, written consent was obtained from the client.

### **Informed Consent**

The informed consent form was filled out and permission was obtained from the client mentioned in the case report. Both written and verbal consent was obtained from the client. The client is aware that it will be published as a case.

### **Declarations**

*A declaration of conformity to ethical Principles* Informed the consultant and a written and signed consent certificate was obtained. Ethical principles were followed in this study.

*Declaration of Conflict of Interest* There is no conflict of interest between the author.

## References

Ahs, F. - Rosén, J. - Kastrati, G. - Fredrikson, M. - Agren, T. - Lundström, J. N., “Biological preparedness and resistance to extinction of skin conductance responses conditioned to fear relevant animal pictures: A systematic review”, *Neuroscience & Biobehavioral Reviews*, sayı 95, 2018.

American Psychiatric Association, *Handbook on the Definition and Classification of Diseases in Psychiatry*, Fifth Edition (DSM-5), (Ch. E. Corollary), Ankara, Medical Broadcasting Union, 2014.

American Psychiatric Association, *Handbook on the Identification and Classification of Diseases in Psychiatry*, revised, Fourth Edition (DSM-4-TR), (Ch. E. Corollary), Ankara, Medical Broadcasting Union, 2020.

Appukuttan, D., “Strategies to manage patients with dental anxiety and dental phobia: a literature review”, *Clinical, Cosmetic and Investigational Dentistry*, sayı 35, 2016; <https://doi.org/10.2147/ccide.s63626>.

Bandelow, B., “The medical treatment of obsessive-compulsive disorder and anxiety”, *CNS spectrums*, sayı 14, 2008.

Beck, J. S., *Cognitive Behavioral Therapy: Fundamentals and beyond*, (2. b), (Ch. M. Şahin), Ankara, Nobel Academic Publishing, 2019.

Bradley, L. J. - Boyd, J. D., *Counselor Supervision: Principles, Process, and Practice*, Muncie, Indiana, Accelerated Development. Inc., Publishers, 1989.

Chok, J. T. - Demanche, J. - Kennedy, A. - Studer, L., “Utilizing physiological measures to facilitate phobia treatment with individuals with autism and intellectual disability: a case study”, *Behavioral Interventions*, sayı 25, 2010.

Choy, Y. - Fyer, A. J. - Lipsitz, J. D., “Treatment of specific phobia in adults”, *Clin Psychol Rev.*, sayı 27(3), 2007; doi: 10.1016/j.cpr.2006.10.002.

Heimberg, R. G. - Liebowitz, M. R. - Hope, D. A. - Schneier, F. R. - Holt, C. S. - Welkowitz, L. A. - Klein, D. F., “Cognitive behavioral group therapy vs phenelzine therapy for social phobia”, *Archives of General Psychiatry*, sayı 55, 1998; <https://doi.org/10.1001/archpsyc.55.12.1133>.

Kessler, R. C. - Berglund, P. - Demler, O. - Jin, R. - Merikangas, K. R. - Walters, E. E., “Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication”, *Arch Gen Psychiatry*, sayı 62, 2005.

Köroğlu, Ö., “Sosyal fobi belirtileri ile yetişkin bağlanma stilleri ve anne



baba tutumu arasındaki ilişkilerin incelenmesi”, (Yayımlanmamış Yüksek Lisans Tezi), Haliç Üniversitesi Sosyal Bilimler Enstitüsü, İstanbul, 2017.

Ollendick, T. H. - Öst, L. - Reuterskiöld, L. - Costa, N. M. - Cederlund, R. - Sirbu, C. - Jarrett, M. A., “One-session treatment of specific phobias in youth: a randomized clinical trial in the united states and Sweden”, *Journal of Consulting and Clinical Psychology*, sayı 77, 2009; <https://doi.org/10.1037/a0015158>.

Ost, L. G., “Age of onset in different phobias”, *J Abnorm Psychol*, sayı 96, 1989.

Öztekin, S. - Aydın, O. - Aydemir, O., “Validity and reliability of DSM-5 specific phobia violence scale Turkish form”, *Anatolian Journal of Psychiatry/ Anadolu Psikiyatri Dergisi*, sayı 18, 2017.

Ponniah, K. - Hollon, S. D., “Empirically supported psychological interventions for social phobia in adults: a qualitative review of randomized controlled trials”, *Psychological Medicine*, sayı 38, 2007; <https://doi.org/10.1017/s0033291707000918>.

Sungur, M. Z., “Phobic disorders”, *Psikiyatri dünyası*, sayı 1, 1997.

Tompkins, M. A., *Cognitive Behavioral Therapy for Specific Phobias*, PsycTHERAPY Dataset. Apa, USA, 2023.

Wang, H. - Wright, B. - Tindall, L. - Cooper, C. - Biggs, K. - Lee, E. - Parrott, S., “Cost and effectiveness of one session treatment (ost) for children and young people with specific phobias compared to multi-session cognitive behavioural therapy (cbt): results from a randomized controlled trial”, *BMC Psychiatry*, sayı 22, 2022; <https://doi.org/10.1186/s12888-022-04192-8>.

Wardenaar, K. J. - Lim, C. C. W. - Al-Hamzawi, A. O. - Alonso, J. - Andrade, L. H. - Benjet, C., “The cross-national epidemiology of specific phobia in the world mental health surveys”, *Psychol Med*, sayı 47, 2017.

### **Araştırmacıların Katkı Oranı**

Araştırmacıların her birisinin mevcut araştırmaya katkısı %50 oranındadır.

### **Çatışma Beyanı**

Araştırmada herhangi bir çıkar çatışması bulunmamaktadır.

