

Pan Trojnožka jako kočičí pomocník v terapii pětileté Anny trpící fobií z koček a psů

The Tomcat „Mr. Tripod“ as a helper in the psychotherapy of five-year-old Anna suffering from phobia of cats and dogs

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Abstrakt

Východiska Článek mapuje terapeutický proces 5leté holčičky Anny s fobií z koček a psů. Hlavní otázkou bylo, jak vytvořit funkční terapeutický plán vzhledem k individuálním potřebám dívky. Článek nabízí ukázkou, jakým způsobem lze zkombinovat na člověka zaměřený přístup (PCA), kognitivně behaviorální terapii (KBT) a animo terapii (AAT) v terapeutické práci s dítětem předškolního věku.

Metoda Za účelem co možná nejkompaktnějšího zmapování daného fenoménu byla použita tzv. deskriptivní případovou studie. Jelikož klientkou byla zdravá a dobře se vyvíjející holčička, byla indikována krátkodobá individuální terapie, který se skládala celkem z 8 sezení, přičemž z toho 6 sezení proběhlo individuálně s Annou. Poslední sezení bylo kontrolní a uskutečnilo se s odstupem čtvrt roku od ukončení terapie. Terapeutická sezení byla sestavená individuálně, přesně na míru dané klientky. Kromě řady technik (Kresba postavy, Kresba začarované rodiny, Test nedokončených vět) bylo v terapii pracováno s kotětem po amputaci jedné nohy. Cílem terapie bylo zmírnění hlavního symptomu – strachu z koček a psů, zlepšení globálního fungování, které bylo tímto strachem výrazně omezováno, a tím i zlepšení emočního prožívání.

Výsledky Výsledkem terapeutické práce bylo odstranění hlavního symptomu, kterým byl strach z koček a psů, čímž došlo ke zlepšení každodenního fungování. Ukázalo se, že zvíře v terapii nesehrávalo jen roli stresujícího podnětu, který bylo třeba překonat, ale

figurovalo jako silný motivační činitel osvojování si nových, žádoucích způsobů zvládnání strachu. Terapie se rovněž zaměřovala na kvalitu terapeutického vztahu a spolupráce, které sehrávaly důležitou úlohu v redukci negativních emocí a v podpoře bezproblémového fungování ve vztahu ke zvířatům.

Diskuze Jaké faktory stály za odstraněním nežádoucích symptomů a co vše přispělo ke kýženému výsledku psychoterapie? Jaké měla tato práce limity a nedostatky? Jeden z nejdůležitějších faktorů byl silný terapeutický vztah a kvalita spolupráce. Dalším důležitých faktorem vedle povahy klientky byla i přítomnost kotěte s amputovanou nohou. Stěžejní roli hrál inspirativní příběh kotěte, které navzdory nepřízní osudu, vedlo i nadále radostný život. Této případové studii se rovněž nevyhnula určitá úskalí a nedostatky. Jedním z nich byla šťastná souhra okolností, která spočívala v přítomnosti kotěte s povahou vhodnou pro terapeutickou práci a silným příběhem, jiným pak malé zkušenosti terapeutky. Studie poukázala i na fakt, že práce se zvířaty sebou přináší i celou řadu omezení a komplikací, které v mnoha případech mohou zcela znemožnit aplikaci AAT.

Závěr Kombinace KBT, PCA a AAT se ukázala jako efektivní způsob terapeutické práce. Stále však neexistuje dostatečný počet studií, které by jednoznačně potvrdily pozitivní efekt kombinace těchto terapeutických přístupů. Jen samotné užití AAT je dále spojeno s celou řadou komplikací (např. zajištění pohodlí zvířete atp). Dalším krokem by mohlo být prozkoumání této kombinace psychoterapeutických přístupů u pacientů s různými obtížemi, ať už psychickými či somatickými.

Klíčová slova Animoterapie (AAT), fobie, na klienta zaměřená terapie (PCA), systematická desenzibilace, expoziční terapie.

Abstract PROBLEM: The article presents a case study which maps therapeutic sessions of a 5-year-old girl, Anna, for a phobia of cats and dogs. The main question was how to create a therapeutic plan with regards to the individual needs of a child of pre-school age. This is significant because this research gives us a new perspective on a specific form of therapy, namely the combination of three therapeutic directions (PCA, KBT, animo therapy) applied in the form of play.

Method This so-called Descriptive Case Study is aimed at providing the most comprehensive possible description of the phenomenon. The client was a healthy, well-developing girl without any other problems however short-term individual therapy was recommended, comprising 8 sessions, of which six were individual sessions with Anna. The last session was a control one, held three months after the therapy ended. The therapeutic sessions were designed individually, tailored to the needs of the client. In addition to other techniques (Draw a Person Test, The Drawing of an Enchanted Family and the Sentence Completion Test), a kitten with an amputated leg was part of the therapy.

Results The therapy was aimed at alleviating the main symptom – fear of cats and dogs – while improving global functioning significantly reduced by the fear and, consequently, enhancing the girl's emotional life. The therapy also focused on the therapeutic relationship quality and alliance. The therapeutic work resulted in a considerable reduction in negative emotions as well as an improvement in everyday functioning in relation to

animals. During the therapy, it turned out that the animal was not only a stressor to be overcome, but also a strong driver in embracing new, desirable methods of overcoming fears.

Discussion Why this therapy was successful? What factors played a role here? These and a number of other issues are discussed. One of the most important factors was a strong therapeutic relationship and the depth of the therapeutic alliance. Another crucial factor, in addition to the client's personality, was the presence of Patches the tomcat. A significant role was likely played by the powerful story of the cat who was, against all odds, determined to live a full life despite losing a leg. This case study also involved possible risks and limits. I was extremely fortunate to have an animal with suitable personality traits and an interesting life story at hand at the right moment. Another barrier to the use of the animal in therapy is the suitability of the conditions for the animal in the workplace.

Conclusion The combination of KBT, PCA and animotherapy proved to be an effective way of therapeutic work. Animotherapy appears to be an effective therapeutic tool, but the inclusion of animals in therapy is associated with a number of difficulties and there is a lack of research in this area. The next appropriate step would seem to be to confirm the effectiveness of combining these therapeutic approaches when working with patients suffering from other diagnoses.

Key words Animal-assisted therapy (AAT), phobia, person-centred approach (PCA), systematic desensitisation, exposure therapy.

The following case study illustrates the experimental integration of different therapeutic approaches in early childhood through the case of five-year-old girl (let us call her Anna) with a phobia of cats and dogs. The integration of various therapeutic approaches is recognized as potentially more effective for treating complex cases, such as phobias in children (Drewes, 2009). However, there is a recognized need for more empirical studies to validate the efficacy of integrated therapeutic approaches, especially in diverse clinical populations (Knell, 2022).

Phobias in young children, including a fear of animals like cats and dogs, are quite common and can be addressed effectively with various therapeutic approaches (Southam-Gerow, 2019). In preschool-aged children, phobias may develop due to a variety of factors such as a lack of exposure, a negative experience, or observing fear in others like parents or siblings (Mukba, 2023). The child might not fully understand their fear, but they can exhibit strong emotional and physical reactions when confronted with the feared animal.

The first approach mentioned is cognitive behavioural therapy (CBT) with the goal to identify thoughts and feelings. CBT is well-established for treating anxiety and phobias, including in children because even in young children, it's possible to explore what they think and feel about cats and dogs (Palmiter, 2016). According to this author, the therapist can help the child understand that their thoughts about the animal may not be accurate (e.g., "All dogs will bite me"). The therapist works with the child to develop coping strategies, such as deep breathing or thinking of positive outcomes, to manage their fear (Palmiter, 2016). CBT is often combined with other approaches to address the unique needs of younger patients (Knell, 2022).

Part of CBT is gradual exposure therapy – Desensitization. This involves gradually exposing the child to the animal they fear in a controlled and safe environment (Schare et al., 2015). For example, the process may start with looking at pictures or videos of the animal, then progress to being in the same room with the animal at a distance, and eventually moving closer as the child's comfort level increases. According to these authors, positive reinforcement, such as praise or a small reward, is often used to encourage the child as they take each step toward overcoming their fear. Schare et al. (2015) further state that relaxation techniques are part of the systematic desensitization. Teaching young children simple relaxation techniques, such as Jacobson's progressive relaxation, deep breathing or counting to ten, can help them manage their anxiety in situations where they might encounter a cat or dog.

Next, we can use social stories (Prendiville & Parson, 2021). These are personalized stories that depict the child successfully interacting with a cat or dog in a calm and happy manner. They can help the child visualize a positive interaction with the animal. Repeatedly reading these stories to the child can help reduce fear by making the idea of interacting with the animal more familiar and less threatening. Close to social stories are storytelling and drawing. Both encourage the child to draw or tell stories about cats and dogs can also help them process their feelings and gradually reduce their anxiety (Tanaka & Urhausen, 2012).

Last, but not least, it is a parental involvement. Parents can play a crucial role by modelling calm and positive behaviours around cats and dogs. Children often take cues from their parents' reactions, so seeing a parent interact calmly with an animal can be reassuring. Offering consistent support, encouragement, and understanding is important. Parents should avoid forcing the child into situations that might overwhelm them but rather support the gradual exposure process (Lebowitz & Silverman, 2024).

Animal-assisted play therapy played a crucial role in this case. For centuries, animals have lived by our sides. Whether livestock, or pets, life would be almost impossible to imagine without them. For some time now, we have been integrating animals into our society in a somewhat more sophisticated way. The author is referring to the use of animals for therapeutic, educational, and assistance purposes. The best-known uses include Animal-Assisted Therapy (AAT) and the use of assistance or service animals. Pet Partners (n.d.) mention, however, definitions of numerous other services where animals are used, for example, Animal-Assisted Intervention (AAI), Animal-Assisted Education (AAE), Animal-Assisted Activities (AAA), Animal-Assisted Crisis Response (AACR), Animal-Assisted Workplace Wellbeing (AAWW), to name only a few.

In this article, the author will focus on Animal-Assisted Therapy (AAT), as this approach was used in the present case study. AAT can be characterised as formal, structured interactions between the specialist, the client, and the animal, which are part of the therapeutic process (Chandler, 2017). Chandler (2017) further note that the interactions include clearly stated objectives and the course of the activities is documented, with ongoing assessment. AAT may include a very diverse group of animals, a fact pointed out in a meta-analysis study by Méndez et al. (2005). Dogs, cats, rabbits, birds, fish, spiders, snakes, frogs, earth-worms and numerous other species have been used.

Research shows that AAT is an efficient approach when dealing with various difficulties, applicable with different types of clients (Nimer & Lundahl, 2007). This makes AAT a very flexible therapeutic model, one which can be integrated in existing therapeutic systems such as cognitive behavioural therapy (CBT), gestalt therapy, psychoanalysis, person-centred approach (PCA) and various others (Chandler et al., 2010). AAT is also increasingly recognized as a beneficial adjunct to traditional psychotherapy, especially in treating anxiety and phobia in children. Research indicates that animals can help reduce anxiety, improve social interactions, and motivate children to engage more fully in therapy (Pegg et al., 2022; American Academy of Child and Adolescent Psychiatry, 2019). To serve as an example, Compitus (2019) performed a case study focused on the application of AAT with a 16-year-old girl from a very problematic family, who encountered drug addiction and sexual harassment and who self-mutilated herself. Based on this case study, the author considered building a faster rapport and increasing the client's sense of safety and security to be the main benefits of integrating AAT into the therapy. She perceived an animal as a strong driver to support the client in continuing the therapy but also in adopting new, desirable abilities which would otherwise be difficult for the client to learn. Interaction with an animal also provided extensive material for therapeutic work. Finally, the author stated that this style of work was more enjoyable.

There are a several number of studies that point out the efficiency of AAT, but these is not AAT in the true sense of the term, although the authors of the said studies use this term. The description of the processes used suggests it would be more suitable to use another term, for instance, Assisted Activities (AAA). Let us look, however, at some examples of this kind of research. Perez et al. (2019) inquired into the effects of a dog's presence with children who manifested a high level of anxiety before an MRI brain scan. The study demonstrated the significant effect of this interaction on the level of anxiety experienced before the examination. A group of Italian researchers (Ambrosi et al., 2018) focused on a senior population living in institutions. They analysed the effects of a dog's presence with persons experiencing depressive and anxiety symptoms. They also inquired into other areas such as perception of pain, self-control and social interactions. The authors concluded that incorporating an animal into the lives of these persons may be considered an efficient tool to reduce depression. They also pointed out the importance of an animal as a catalyst of interpersonal interaction. A group of Iranian researchers (Sahebalzamani et al., 2020) looked into chronic psychiatric patients treated at clinics. They attempted to ascertain whether tending for an animal (a bird) would have positive effects on subjective happiness and quality of life. The results proved significant effects in comparison with a control group.

As with everything in life, AAT also has its pitfalls and limits (Every et al., 2017; Vitte et al., 2021; Wagner et al., 2023). First, it should be stated that not all people have an affinity toward animals and would not necessarily appreciate their presence during therapy. Allergies may also present barriers, as they are currently widespread. The presence of an animal in the workplace increases the need for care. It is important to provide for the basic needs of the animal. The animal also has to be healthy to prevent transmission of any disease to the client. This aspect should primarily be emphasised in healthcare facilities, in patients with impaired immunity. The animal should also possess suitable personality traits or undergo specialised training. Van-Fleet and Faa-Thompson (2017, in Compitus, 2019) also point out the risk of developing an overly strong bond between the client and the animal. This is especially true of patients with an impaired attachment.

In this study, the therapist also focused on the therapeutic relationship which is universally acknowledged as a critical factor in the success of psychotherapy across different modalities (Knell, 2022). Knell (2022) further adds that in child therapy, building trust and rapport is particularly crucial, given the developmental stage and emotional needs of young children.

Case Study (Method)

Design

The present case is a so-called *Descriptive type of case study*, according to Yin (2009), aimed at providing the most comprehensive description of the phenomenon in question. According to Stake's (1995) typology of case studies, this is also an *Intrinsic case study*. Such a study deals with a case without any relation to more general aspects, attempting to gain

deep insight into the case with all of its complexity. The aim is to obtain a holistic understanding of the case.

In accordance with the above case study definitions, the author will attempt to examine, in the most comprehensive manner, the therapy of a five-year-old girl suffering from fear of cats and dogs. The author will describe in detail the attributes of the process, i.e., the therapy participants as well as the therapeutic process aspects. She will reflect on the results and possible implications that affected the process.

The author focused on several areas during the therapeutic work. First, she followed the main symptom which brought the girl to the psychologist's office – fear of cats and dogs. She also speculated as to how this fear projected into, and affected, daily life. The author was also interested in the subjectively perceived sense of well-being. Within the process, she also evaluated the session depth, level of therapeutic alliance, and emotional experience during the joint work. She followed these factors throughout the therapeutic process, but, for the sake of simplicity, will describe them only four times in this paper, specifically, at the beginning, in the middle, at the end of the therapeutic process, and then three months after the end of the cooperation. The author will write a short verbal assessment based on the respective session and add a quantitative evaluation (five-point score) for greater clarity. She will also add her own thoughts and reflections to the descriptions of the individual sessions. The handling of the collected data corresponded to the standard handling of information in an outpatient facility. Information from each session was obtained by clinical observation, interview and promptly recorded in writing after the session. The data were stored in the password-protected program "The Psychologist" designed for the field of clinical psychology. For the purposes of this article, written consent was obtained from the girl's parents.

Participants

- **Client:** The client was a five-year-old Anna, brought by her parents due to phobic reactions toward dogs and cats, lasting for several months at the time. The problems had developed about six months before the first visit to the psychologist. Since then, she would refuse to walk the family's dog, or even travel with the dog in the car. Upon meeting a cat or dog on the street, she would start screaming, even if the animal was walking on the other side of the street. She was willing to visit a zoo, but would not come closer to the goat-petting enclosure. When visiting her friends who had a hamster or a lizard, she would try to feed those animals without any problems. The girl described her problems as being 'startled' by a dog's bark. She interpreted it as a consequence of being bitten by her dog and scratched by her cat, in the face in both cases, leaving small scars on her cheeks, one on each side. Anna is an only child. She was a wanted child from the beginning. Her mother had diabetes when she was pregnant. The birth was natural, on time, although induced due to the child's greater weight. Anna was 50 cm long and weighed 3,850 g. She had *icterus neonatorum* as a new-born. She was breast-fed for 13 months. Her mother did not remember when Anna began talking, but she took her first steps when she

was 10 months old. She experienced common illnesses like colds and chickenpox by the time she was five. She suffers from asthma and atopic eczema. She was diagnosed with increased auditory sensitivity (probably diagnosed by the pediatrician). At 5, she injured her finger and had surgery under general anaesthesia. Anna had been bitten in the face before, at 4, by the family's dog (a Boxer) when she wanted to play Doctor with him when he was eating. The moment she 'jabbed' him with a pencil, the dog became frightened and bit Anna. The wound was not deep or large, no stitches were necessary, but it became inflamed over time and regular cleaning in the hospital was needed for half a year. Anna did not lose; however, all love for animals, interacting with them without any problems as usual. Her fears appeared around a year later, after a cat scratched her face. The parents tried to support their daughter in her contact with animals, to encourage her, but as it was not working, and despite all their efforts her fears were not improving, they sought a psychologist. The mother sees her daughter as a wild, restless, but pleasant girl who is prosocial and likes to help other children. She is easily offended, talks back, and does not like losing. In her free time, she likes to play with dolls, cars, does jigsaw puzzles, listens to audiobooks (fairy-tales), sings, dances, loves to swim and play Doctor. She tries to help with housework (cooking, cleaning). She has been attending a day-care centre once a week for 3 hours since she was 1.5 years old. She found a friend there with whom she has been friends since. Anna entered kindergarten at the age of 3, her adaptation was seamless. Being a lively child, her parents enrolled her in a dance class. She has friends both in the kindergarten and in the neighbourhood.

- **Therapist:** Therapist (author) has a degree in psychology from the Department of Psychology, Palacký University Olomouc. The same year she finished her studies, she began working at the outpatient clinical psychology ward in Ostrava, where her duties involved diagnostics as well as therapy with children (from the age of 5), adults and senior citizens. She started working with Anna in the fifth month of her practice. At the time, she had not yet begun long-term therapeutic training. She was only admitted to the training several months later, after completing therapy with Anna. It is the humanistic person-centred approach (PCA) under the auspices of the Czech PCA Institute in Brno, and she finished studying there this year.
- **Parents** Anna's mother graduated from secondary school and works in social services. Anna's father also completed his secondary education as a painter, decorator and bricklayer, and is self-employed. Both parents are healthy, they have lived together for 7 years. Anna is their only daughter. They say their relationship is harmonic. As a family, they enjoy hiking, going to their cottage and doing various sports. They have divided their roles in upbringing – the father is strict, while the mother is caring; accidents are only occasional. The family lives in a flat, Anna has her own room. The mother's parents are also engaged in the upbringing, they live in the same home as the family. They babysit their grand-daughter or pick her up from the kindergarten. As regards the hereditary load, *Diabetes mellitus* has occurred in the family on both the mother and father's side.

- **Animal – Patches the Tomcat, aka Mr. Tripod** A kitten, approximately 4–5 months old during the therapy. The age is only an estimate, as he was a stray cat when therapist's family found him. Since the first contact (he was 3–4 weeks old at the time), Patches has been a fearless, playful kitten, not displaying aggression toward people. His behaviour seemed quite sophisticated even then, being able to follow hygiene habits. About a month later Patches was probably hit by a car. He had a fracture in the right side of his pelvis and a veterinarian had to amputate his left hind leg. The surgery went well, but the veterinarian informed therapist's family that Patches would remain a house cat, and would not be able to live outside as before. The opposite, however, was true. His unbelievably fast recovery surprised all family. The above character traits were essential for the therapeutic work. It would have been impossible to use him for therapy if he was a neurotic animal which did not enjoy travelling, had a hard time adapting to new environments, was hostile toward children, and could not remain in the office the entire day. Another crucial condition for incorporating the animal into the therapy was his good health, which was ensured thanks to the veterinary care. Last but not least, there was a need to consider whether or not the presence of a cat would bother other clients with appointments on the same day as Anna. Most importantly, whether any of them was allergic to cat fur. This procedure was also approved by the therapist's supervisor. Since all of these conditions were met, there was nothing to prevent taking the tomcat from becoming part of the therapy. Almost all the clients who met him responded favourably to his presence. The therapist also noticed a positive effect in a girl with Asperger syndrome, with whom she began working at the time, where the cat's presence was one of the aspects comprising a relationship between the two of them.

The therapeutic process

The entire therapeutic process comprised 8 sessions. According to the standard procedure, the child's legal guardian (mother, in this case) attended the first session in order to provide the daughter's medical history. This was followed by six individual sessions with Anna. The last meeting was a control session, in the presence of Anna's father, 3 months after completing the therapy. Each session lasted 50 minutes.

Type of therapy: Since no other difficulties were found with Anna apart from the phobic symptoms, this therapeutic intervention should be categorised as a short-term monosymptomatic therapy, where the most efficient and economical treatment method was cognitive behavioural therapy (Kratochvíl, 2017). The CBT approach was combined with the person-centred approach (PCA).

Working methods: Clinical observation, conversation, systematic desensitisation, controlled imagination, Jacobson's progressive relaxation, education, externalising creative techniques (scribbling), projective methods (drawing a figure, drawing an enchanted family, completing sentences).

Working with a tomcat before a therapy session: It was the tomcat's first journey to Ostrava, his longest drive so far. Patches lives with therapist's parents in a village some

40 kilometres from Ostrava. Locked in a pet carrier, he had no troubles throughout the journey. Upon arriving at the office, he felt uncomfortable in the new environment. He was slightly frightened, watching the therapist more than usual. The most difficult part was the first hour in the office. Patches sometimes meowed and jumped on the furniture, which was disturbing. Luckily the client, during the first session of the day, was tolerant. Patches then calmed down as he realised there was nothing to fear, and made himself at home until the end of the working hours. Of course, there were cat food and toilet in the office.

Description of the individual sessions with Anna

First individual meeting: The therapist got to know Anna during this session. She was a small girl with blonde wavy hair. She was wearing a skirt, beads, and had nails decorated with a felt-tip pen, which supported her mother's words about how Anna liked to dress up. Just by watching, the therapist could feel energy and temperament from her. She easily established contact with the therapist. She was willing to cooperate and demonstrated respect for authorities. She showed no signs of anxiety or tension, her emotivity was apposite, responsive, lively and jocular. Throughout the session, Anna remained focused, sitting still on the chair, maintaining eye contact, sometimes playing with her hair. She was very communicative, actively entered into the conversation, spoke coherently, asked questions, showed the therapist her clothes, and shared stories from the kindergarten. Her speech was apposite, fluent, rapid, almost without agrammatisms, and easy to understand considering her age. The therapist found no faults in her understanding. Based on her level of expression and vocabulary, the therapist estimated her intellect to be normal, standard.

When speaking about her difficulties, Anna was able to identify them and expressed her willingness to fight her fears. She did not know what a psychologist did and what to expect from the sessions, the therapist introduced herself and compared the work of a psychologist/therapist to that of a doctor who helps people if something troubles them. This was followed by indicative diagnostics to learn more about the girl, but also buy more time and space to create a therapeutic relationship and alliance. They also talked about what she liked to do in her free time and about her friends. She mentioned she liked watching cartoons, swimming, bob-sledding, drawing and being with her friends. She had two girl friends and one boy friend she said she was totally in love with and wanted to marry him when they grow up. Both of them attend the kindergarten where they met. She depicted what he was like very enthusiastically, where he lived, that they already kissed and that she was going to write him a letter but was too busy, but did not have time to do so. She also said she was satisfied with the kindergarten and was looking forward to becoming a first-grader. She spontaneously told therapist that she *"would like to become a psychologist because it's nice in here."* The therapist perceives this as extremely positive feedback about the quality of the therapeutic relationship we had just established.

Following the initial talk, the therapist administered three projective methods: drawing a figure, drawing an enchanted family and completing sentences. None of the

tests proved any serious problems. The figure drawing was normal in both form and content. The fine motor skills corresponded to the girl's age. The family drawing reflected common family dynamics. Just like the family drawing, the test of sentence completion also indicated Anna's optimal social attitudes and knowledge of social norms.

Summary:

The level of fear of dogs and cats is on the highest level thus far. The therapist and Anna have just met and have not become fully immersed in the work. **The global functioning** is considerably restricted by the fear, as depicted by Anna's mother. **Comfort** – Anna was aware of her fear and described it specifically as startle responses and evasive behaviour. **The relationship depth** has been very good since the first meeting. Anna established a relationship without difficulty, she was communicative and open. **The therapeutic alliance** was on a very good level. Anna was motivated for work, actively engaging in conversation and the individual activities. **The emotional experience during the session** was entirely positive. Anna was relaxed, spontaneous, displays no negative emotions such as sadness, tension or fear.

Second individual meeting: Anna was accompanied by both parents for the second session. Still in the waiting room, she was keen to show her therapist a photo of their dog. She still likes him, although he bit her, and she is now afraid of him. At the beginning of the session, the therapist asked her how she feels today. For this, she used the Sea of Emotions cards (B-creative products, s. r. o., n.d.). The cards are suitable for children to express various emotions through pictures of fish. For this session, Anna chose a card with two fish in love, depicting the love between Anna and her kindergarten boyfriend.

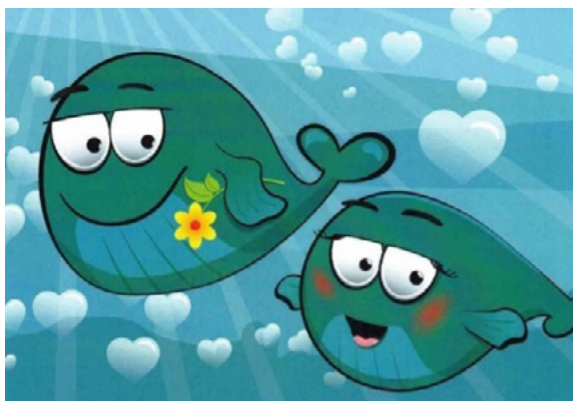


Figure 1 Sea of Emotions (B-creative products, s. r. o., n.d.)

The following activities focused on investigating her fear. To this end, the therapist first chose the scribbling method (see Figure 2). Violet Oaklander (2003, p. 40) described it as “a spontaneous and non-threatening method that helps children openly express their inner world.” The therapist first told Anna to go with her to a spacious part of the office, stand there and imagine standing in front of a large empty paper, as large as herself. Then she was to imagine holding a crayon in each hand and creating a large scribble on the paper, symbol-

lising her fear. The therapist practiced this exercise with her. This part is useful because the child relaxes, stretches, and attunes to the next part of the task. Then the therapist gave Anna a real piece of paper and asked her to transfer the scribble, that expressed her fear, to the paper, 'locking' it there. It was of interest how she imprints, even engraves her fear and anger on to the paper. Looking together at what she had just created, the therapist and Anna searched the scribble for a picture for which she would then create a story. Anna saw the sun and wind in her scribble and created the following story she called 'The Wind and the Sun': *Both of them argued and argued about who would climb to the sky. They argued for such a long time that the Sun said all of a sudden: "I will climb to the sky for a while, and then so will you, Wind." And the Wind said yes.*



Figure 2 Scribble technique

In the next activity, the therapist and Anna developed the theme of fear even more, trying to give it a more concrete form (see Figure 3). They first formulated three of her greatest fears: fear of dogs, fear of cats and fear of puppies. She was asked to draw each of these fears. She depicted her fear of dogs as herself, emphasising that her eyebrows are raised which means she is scared. The fear of cats is also portrayed as herself, now with a scratched face. Before arriving at the last source of fear (a puppy), she realised that she is not afraid of it because the puppy is small. Therefore, she drew a happy girl who is no longer afraid.



Figure 3 Illustrations of Anna's fear

The therapist then introduced Patches and his story. She tried to attract her attention with a captivating and dramatic narration in order to stir her interest in meeting him. She told Anna how therapist's family found Patches, what he was like, and what happened to him, that he was hit by a car and how they faced the decision about his future. The amputation of the left hind leg was risky as the right side of his pelvis was broken. The therapist showed Anna some pictures from the treatment during the narration. The story ended well, of course, Patches survived the surgery and healed quickly. She proposed to Anna that if she agreed, she would bring Patches to the office for therapy so that they could work on her fears. The therapist emphasized he was missing a leg and because of that, did not represent the same risk as a healthy cat. Anna was captivated by the story and gladly agreed.

As the therapist and Anna had some time left, the therapist decided to find out to what extent Anna understands "animal speech". Her mother told her previously that the dog first bit Anna when she poked him while he was eating. She found a video with animals on youtube.com (the therapist does not remember the name of the video) and asked Anna whether she know what certain behaviour meant in particular animals. The therapist specifically explained the difference between tail-wagging in a dog and in a cat.

At the very end of the session, the therapist asked Anna how she enjoyed the meeting. She usually asks children to use their fingers and show her how satisfied they were, where no finger means the lowest score, and ten fingers the highest score. Anna showed all ten fingers, and added that she was really excited about their next meeting.

Third individual meeting: This meeting was the first when Anna met the tomcat. Despite looking forward to it, the therapist could see her fear and respect with her own eyes. She insisted that Patches should stay in the pet carrier. Once Anna was certain the

tomcat was caged, she came closer and looked at him, talked to him, and started playing with him. She took a string and started to put it through the openings in the carrier for Patches to play with it. Captivated by this, he was playing with the string. He never demanded to be released from the carrier, which was a relief for the therapist. It was clear both of them were enjoying their time together. Anna was extremely careful, however, not to touch the carrier. When her fingers holding the string came too close, she always jerked violently. She spent 30 minutes playing with the cat. Then the therapist suggested she try and let Patches out. She agreed but went to the other side of the room, climbed on the couch and nervously called the therapist to her. The therapist sat as close as possible to make her feel comfortable. This way she had enough time to gather courage and decided to throw a ball or a string to Patches. Before she left, the therapist had to close the tomcat in the carrier again so that she could leave the couch. Anna also asked if her mother could come and pet Patches.

Summary:

The level of fear of dogs and cats was still on a very high level. Nevertheless, Anna was willing to face it and overcome it step by step. **The global functioning** was still considerably restricted by the fear, as depicted by Anna's mother in the first session. Nothing has changed since then. **Comfort** – Anna was aware of her fear which remains a source of discomfort and restriction in life. **The relationship depth** has remained on a very good level. The relationship was warm, Anna was open and seemed to be herself. **The therapeutic alliance** had remained on a very good level. Anna was motivated to work. She actively engaged in the individual activities. A strong willingness to face unpleasant feelings was evident in her. **The emotional experience during the session** was entirely positive, despite the fact that when faced with an unpleasant stimulus, considerable fear or shocks appear. Nevertheless, with the needed degree of control and support, Anna will be able to gradually overcome these feelings.

Fourth individual meeting: In the fourth session, Anna was again accompanied by her mother. The session began with a conversation as to how Anna has been since the previous meeting. She was very talkative again, telling the therapist a lot of stories, she even shared with her that she wanted to buy Patches a toy. This session was mainly focus on the training of systematic desensitisation as described, for instance, by Prochaska & Norcross (1999). This includes creating a scale of fears. Although still a pre-schooler, Anna can count to 20, and so the therapist and Anna created a ten-point scale (see Figure 4). Zero symbolises no fear or anxiety, while 10 represents maximum fear. They added specific situations to the individual values. For instance, the value of 0 is for situations where Patches is locked in the carrier, Anna sees someone else's dog on a leash, or she is to pet the family's dog. The value of 5 is assigned to situations where someone else's dog on a leash passes close to Anna, or when she is in the presence of her best friend's dog and also her mum. The most frightening are situations where she is to be home alone with their dog, or in the therapist's office with Patches running free, out of the carrier. They consequently staged the scenes so that Anna could realise what she is going through at the moment.

With the therapist's assistance, she specifies in which parts of her body she experiences the unpleasant feelings. Fear is mostly manifested as 'pressure' in her neck and as 'shooting pain' and 'pressure' in her chest.

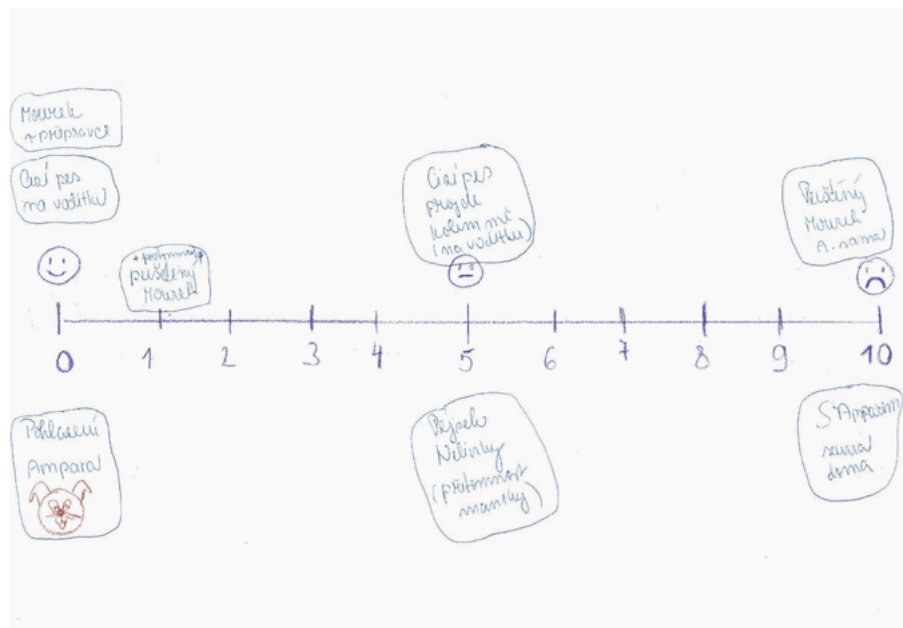


Figure 5 Scale of fears

Next, they passed to the second step of systematic desensitisation – Jacobson's progressive relaxation. Anna tried to flex and release certain parts of her body. She should realise she can control such flexing and releasing.

Then they moved to the third step, controlled imagination. The therapist first asked Anna to imagine something she likes, something comforting. She visualised a scene where she is with a boy she is in love with. They are playing with his favourite toys, dinosaurs. She also told the therapist she would like to buy him a book. As soon as this scene is fixed, they can continue. The therapist encouraged her to imagine a situation that incites minimum fear in her (based on the scale of fears). At that moment, the work becomes more complicated as Anna's attention to the task quickly declines. All of a sudden, sitting still on a couch seems problematic. She tended to stray to other activities, commenting on various things, telling stories. This is the first moment the therapist began to doubt whether this type of work is suitable for a 5-year-old girl. Nevertheless, the therapist was trying to complete the task. She delicately tried to revert Anna's attention to herself, and her fears incited by the notion of contact with an animal. Anna spontaneously comments on her feelings. As soon as she began to concentrate again, the therapist asked her to release tense parts of her body the way they tried before. They went through several situations from her scale. At the end of the session, she surprised the therapist with a requirement to create hints on how to practice the technique at home. She took a small piece of paper and drew herself, relaxing and trying to imagine something positive. The therapist

also encouraged her to try and expose herself to the fear in real life, if possible. The therapist gave her mother a short summary of what they have learnt in the session.

Fifth individual meeting: The fifth session also took place in the presence of Patches the tomcat. Anna came accompanied by her mother, and gave Patches a toy which the cat immediately seemed to like. Shortly after arriving, Anna agreed to let Patches out of the carrier, but remained at a safe distance from him. In contrast to the third session, when she was standing on the couch, she now sat and even lowered her legs to the floor. Yet she insisted the therapist sit as close as possible to her. She spent some 30 minutes playing this way. The therapist tried to shift the boundaries of her fear during the play and told Anna that she will slowly move away from her so that she can try to cope with her fear. Anna did not like the idea at all, but she agreed after a while. The therapist could move one metre from her, and even bring a cup of tea from a table nearby. The therapist saw these advancements as success. Anna soon asked her however, to lock Patches in his carrier. This cast doubt on whether the process is heading in the right direction. The therapist therefore advised against this move, supporting the girl in letting the tomcat come closer to her. But her efforts were unsuccessful, and she locked the animal in the carrier. Anna began to play with him through the 'bars'. Then she suggested she could play Feeding with him. She took several toys she found in the room and the therapist let Patches out. The therapist suggested replacing the toys with the cat's real food – granules. Anna liked this but insisted that Patches be locked up for the feeding. She was very careful when she gave him the granules through the bars. After a while, she agreed to let Patches out, took a toy plate, put granules in it, bent over the tomcat and placed the food on the floor in front of his mouth. This sudden turned of events completely surprised the therapist. Only recently, Anna had opposed the therapist's efforts to push her to the next notional goal, and all of a sudden, she took this major step forward herself. In hindsight, the therapist realised that when she was trying to lead her, she forgot to adhere to what Carl R. Rogers (2020) considered as key – confidence in the client and the actualising tendency (AT), where it is sufficient to create conditions in which the therapist is congruent, empathetic and unconditionally accepting. Anna herself was so pleased by the process that she had to brag about it to her mother who was in the waiting room. Her mother could not believe it. Anna moved very close to Patches and even agreed to pet him if the therapist held him tight. She was relaxed and content.

Summary:

The level of fear of dogs and cats lowered significantly compared to the first meeting. Anna was not only willing to tolerate an animal moving freely about the room, but she was also able to move closer to him and pet him. **The global functioning** has remained unchanged in comparison with the previous session. Neither Anna nor her parents mention any changes spontaneously. Unfortunately, the therapist forgot to ask about this area. Therefore, no evaluation could be done. **Comfort** – Anna was really excited about the result, and had to inform her mother that she was able to manage her fear. **The relationship depth** was on a very good level. Anna was open and trusted the process. **The therapeutic alliance** was

on a very good level. Anna actively comes into contact with the cat. She knew she can rely on the therapist that whenever she felt uncomfortable, the therapist will lock the animal in the carrier. The feeling of security played an important role in this case. ***The emotional experience during the session*** was entirely positive. Anna was mostly relaxed, but the need for support and fear appeared occasionally when the animal was close.

Sixth individual meeting: Anna was again accompanied by her mother to this last session. The therapist and Anna reflected on the previous session. The therapist asked her how successful she was in fighting her fear at home. Anna said she was doing fine and was even able to pet their dog. To conclude their cooperation, they created a list focusing on behaviour toward animals (this is a follow-up to the second session when they were watching animal videos). The list comprised two parts: how to treat animals, and how not to treat animals. An illustration was added to each item, because Anna cannot read and write. They once again watched an animal video (randomly found on Youtube) and evaluated whether the behaviour they saw was right or wrong. They added some behaviours to the list after watching. The therapist tried to teach Anna to be receptive to the expressions of animals from which she could judge what they like. She took the list with her. The therapist gave her a picture as a keepsake.

A conversation with Anna's mother followed. She told the therapist that after the last session, they went for a visit, and when a cat unexpectedly burst into the room, Anna immediately started to scream. At home, she always kept her distance from the dog, a fact that contradicted what Anna told the therapist at the beginning of the session. The therapist gave the mother some tips (for example, do not force her, encourage her, reward her success, etc.) to help Anna cope with her fears and intensify the experience of overcoming the fear during the therapy. The therapist with mum arranged a control meeting to be held three months later in the presence of one of the parents. Depending on the situation, the further cooperation will be arranged then.

Control meeting 3 months later: Only Anna's father came to inform the therapist about his daughter's condition following the therapy. Health check after 3 months is quite common practice in this outpatient facility. He mentioned almost no downsides. Anna's phobic reactions have dramatically reduced since the last visit. She gets along with their dog, pets and plays with him, tries to train him, but has respect for him. The 40-kilogram dog is larger than her, so the therapist agreed with the father that this attitude is suitable. She behaves normally around small dogs. Fears have also subsided in relation to other people's animals. Not only does she no longer have any problems when meeting them on the street, but she also tolerates them in the same room, and even pets them. At the end of this control meeting, the therapist told Anna's father that they could come back to this office whenever any difficulties arise. Subsequently, years later, the family was contacted to obtain written consent to publish the case in a journal. As the psychotherapy was not initially conducted with a research intent, long-term follow-up was not proposed.

Summary:

The level of fear of dogs and cats has significantly reduced compared to the first meeting, not just toward Anna's own dog, but also toward other people's animals. **The global functioning** has improved in all respects, as described above. Anna still manifests, however, a certain wariness in relation to her dog. **Comfort** – As Anna's father was present in the session, she did not provide her own statement, and therefore this point cannot be evaluated. **The relationship depth, therapeutic alliance** and **emotional experience during the session** could not be assessed due to the circumstances.

Table 1 Overview of the therapeutic process

| Session | Date | Client | Session content | Level of fear | Global functioning | Comfort | Relation-ship depth | Therapeutic alliance | Emotional experience during the session |
|---------|--------------|---------------|--|---------------|--------------------|---------|---------------------|----------------------|---|
| 1. | 09. 01. 2019 | Anna's mother | Medical history | | | | | | |
| 2. | 11. 01. 2019 | Anna | Meeting Anna, conversation, preliminary diagnostics | 5 | 5 | 5 | 5 | 5 | 5 |
| 3. | 16. 01. 2019 | Anna | Scribbling technique, exploring Anna's fears | | | | | | |
| 4. | 21. 01. 2019 | Anna | First meeting with Patches, released from the carrier, but Anna remains on the couch | 5 | 5 | 5 | 5 | 5 | 4 |
| 5. | 28. 01. 2019 | Anna | Systematic desensitisation | | | | | | |
| 6. | 31. 01. 2019 | Anna | Training with Patches, lets him out, feeds him, pets him | 2 | - | 1 | 5 | 5 | 4 |
| 7. | 07. 02. 2019 | Anna | List: how to treat animals | | | | | | |
| 8. | 17. 05. 2019 | Anna's father | Control 3 months later | 2 | 2 | - | - | - | - |

Key:

Level of fear of dogs and cats: 1 (minimum fear) 2 3 4 5 (maximum fear)

Global functioning: 1 (Low level of restriction) 2 3 4 5 (High level of restriction)

Comfort: 1 (Comfort) 2 3 4 5 (Discomfort)

Relationship depth: 1 (Low level) 2 3 4 5 (High level)

Therapeutic alliance: 1 (Low level) 2 3 4 5 (High level)

Emotional experience during the session: 1 (Negative) 2 3 4 5 (Positive)

Discussion

The therapeutic cooperation described above was aimed at helping partially alleviate Anna's fear which appeared after she was bitten by a dog and scratched by a cat. Fear of these animals was so great that it began to disturb her everyday life. The cooperation therefore focused on reducing the level of fear and re-establishing or at least relieving the girl's everyday functioning. Apart from these objective aspects, assessed by the parents, Anna's own perception and experience of the whole situation was also considered. Significant improvement in all of the above aspects was observed during the six individual sessions, even if seen from the perspective of 3 months after the cooperation ended. During the training with a tomcat, the therapist registered a gradual increase in the frequency of letting the animal out of the carrier, a reduction in Anna's distance from the animal, and finally, a reduction in the level of the therapist's presence required by Anna when the cat was present.

In this part, the author would like to ask a question as to why this therapy was successful? What influenced the process? What factors played a role here? To what degree did the outcome result from the individual techniques and therapeutic approach used, and to what degree it resulted from chance? These questions are very important, because the essence of such studies is to sufficiently understand the case in question in its entirety.

One of the most important factors, having a thorough impact on the positive result, was a strong therapeutic relationship and the depth of the therapeutic alliance, both of them on a high level since the first session and deepening with each subsequent meeting. The author refers here to the generally known aspects of common active factors in therapy. Representatives of various therapeutic systems agree that the quality of the therapeutic relationship is fundamental (Cronin et al., 2015; Fiorini et al., 2024; Michel et al., 2011; Mjelve, 2016). The best description of these conditions was provided by C. R. Rogers and the author referred to them elsewhere in this paper. In addition to the importance of the therapeutic relationship, the power of attention should also be noted, as well as exploring the patient's "inner world", and training – in this case, relaxation during systematic desensitisation and direct exposure to the stressors (Prochaska & Norcross, 1999).

Another factor contributing to the positive result was, in the author's opinion, the client's character (Fjermestad et al., 2016). As described above, Anna was a well-developing girl without other difficulties, open to new things from the very beginning. She was willing to cooperate and was not afraid to face unpleasant feelings of fear. If it were not for this personality setting, the entire cooperation would have been more complicated and much longer before attaining the same results. A major benefit of the cooperation was the fact that Anna was creative and liked to draw. The selection of techniques was therefore easy. Whatever was chosen by the therapist, Anna would react positively and enthusiastically to all the working methods. This is not all that usual. For instance, some children refuse to draw because they do not enjoy it or think they are bad at drawing.

Another crucial factor, in addition to the client's personality, was the presence of Patches the tomcat. In a number of aspects, he was an animal suitable for animal-assisted therapy (Anderson, 2024). The mild-tempered cat was never aggressive or shy in the

presence of other people and was playful and willing to interact with Anna during the sessions, always in the mood for these activities. The fact that Patches was a three-legged cat also proved to be advantageous. His story captivated Anna and stirred up her sympathy. At the same time, his handicap increased Anna's willingness to meet him, despite this being a stressor, but not as stressful as meeting a completely healthy cat. A significant role was likely played by the powerful story of the cat (see above) who was, against all odds, determined to live a full life despite losing a leg. The author would venture to say that this story inspired Anna to overcome her discomfort, encouraging her to face her fear. She viewed the cat as a fighter and identified with this state of mind. It should be added that this principle is utilised by externalising techniques (Chvála & Trapková, 2021), where the client separates the symptom from their personality and in this way can understand it better and begin to fight it. Mr Tripod thus became a good example for Anna, a role model for confronting what was bothering her. These observations are in accordance with the experience of Compitus (2019) who pointed out the significance of the client's identification with the animal's story. The traumatic story of a service dog helped her client become connected with the animal, a fact that motivated her to consult a therapist whom she had rejected before.

No research is perfect, and so this case study also involved potential risks. Although the author considers the process very successful, she should also reflect on its deficiencies and limits, and this on several levels. First, the therapist was relatively inexperienced and had not yet completed her long-term therapeutic training at the time of the therapy. This lack of experience could have influenced the therapeutic process and the interpretation of the outcomes. The potential for beginner's bias, where the therapist may overly focus on certain aspects due to inexperience. Another significant limit to this case was lack of communication with the parents during the therapy, which could have provided a more comprehensive understanding of the child's progress outside the therapy sessions. This also led to the lack of objectification in the information she received from Anna. It is not surprising that such a young child is unable to reflect in an appropriate manner. This became apparent in our case on several occasions, for instance, during the seventh session when Anna tended to downplay her difficulties.

Last but not least, the paper was not free from a number of methodological errors, as it was not planned to write a professional article at the time of the psychotherapy. Therefore, the conduct of qualitative research was not adequately followed. An example is the absence of appropriate self-reflection of the author as a researcher, which is an inherent and very important part of qualitative research. Instead, there was only a cursory self-reflection of the author, which corresponded to her personal maturity and beginner's experience. For the same reason, the objectives of the study were not clearly stated in advance. The article is based on a single case study of a five-year-old girl. While the findings are valuable, they cannot be easily generalized to a broader population. The unique characteristics of the child, the specific circumstances, and the presence of a particular animal (a three-legged cat) mean that the results might not be replicable in other settings or with different children. A larger sample size or a series of case studies would

be necessary to draw more robust conclusions about the effectiveness of this combined therapeutic approach. The study did not include control measures or comparisons with other therapeutic approaches. Without a control group or a comparison to other forms of therapy, it is difficult to attribute the child's progress solely to the combined approach used in this case. The article primarily focuses on the short-term outcomes of the therapy, with a follow-up only three months after the conclusion of the sessions. There is no discussion of long-term outcomes or the sustainability of the therapeutic gains. Understanding how the child's progress holds up over time would be critical in assessing the lasting impact of the therapy. The article does not compare the effectiveness of the combined approach with other established methods for treating phobias in children, such as play therapy or traditional exposure therapy without the inclusion of animals. A comparative analysis could have provided more context for evaluating the relative effectiveness of the combined approach.

When pondering the applicability of this type of therapy, the most crucial aspect is the animal factor. The author was extremely fortunate to have an animal with suitable personality traits and an interesting life story at hand at the right moment. She can only speculate as to what the whole therapeutic process would have been like without incorporating Patches. This convenient train of coincidence could have compensated for the fact that Patches had not undergone any socialisation training, as is typical of service animals. The presence of an animal in the workplace also increases the needs for its comfort. Not all facilities offer such options. For instance, if the author had clients booked for the day who would refuse the cat's presence in the room, she would have been forced to rebook Anna or the client, which would have been logistically complex. It was necessary to obtain the consent of the head of the clinic and the girl's parents to work with the animal.

Which professionals can use the results from the article and continue in further work? The results from the article on using a combination of CBT, PCA, and AAT for treating phobias in preschool-aged children can be particularly valuable for **child psychologists, therapists, and practitioners specializing in AAT**. These professionals can directly apply the combined therapeutic approach to enhance treatment outcomes, integrating different modalities and understanding how to incorporate animals into therapy settings. Additionally, **paediatric psychiatrists** can use the findings to complement pharmacological interventions with integrated psychotherapeutic approaches. The insights are also useful for **special education teachers, counsellors, clinical social workers, researchers, and veterinarians and animal behaviourists**, as they can help improve therapeutic practices, inform training of therapy animals, and provide a foundation for further research on integrated therapeutic approaches.

To further study the combination of CBT, PCA, and AAT for treating phobias in preschool-aged children, more systematic and rigorous research is needed. Future studies should begin with pilot studies to test feasibility, followed by randomized controlled trials (RCTs) to compare the efficacy of the combined approach against individual therapies. Longitudinal research would be beneficial for assessing the long-term effectiveness

of these treatments. Additionally, meta-analyses can help synthesize findings across studies, and research into mechanisms of change could provide deeper insights into how these therapies work. Ultimately, the goal is to develop practical guidelines and training programs for effective implementation.

The article provides a concrete example of how CBT can be effectively integrated with PCA and AAT in a real-world setting. This case study shows how the structured approach of CBT can be complemented by the empathetic and supportive nature of PCA, and how AAT can add an engaging and motivational element that is particularly appealing to children. This combination is still relatively under-explored in the literature, making this article a valuable addition to the discussion. The article underscores the importance of the animal's characteristics and story in AAT, highlighting how these factors can influence a child's response to therapy. The use of a three-legged cat, with its own story of overcoming adversity, provided not only a desensitization tool but also a source of inspiration and emotional support for the child. This nuanced use of AAT, where the animal's narrative plays a therapeutic role, is a valuable insight for the field and contributes to a deeper understanding of how AAT can be effectively employed. The article reinforces the importance of the therapeutic relationship in the success of combined therapeutic approaches. By focusing on the PCA elements of empathy, congruence, and unconditional positive regard, the therapist was able to create a safe space where the child felt supported in confronting her fears. This emphasis aligns with current knowledge but also demonstrates how PCA principles can be effectively integrated into a broader therapeutic framework. The article addresses these practical considerations by detailing the challenges faced during the therapeutic process, such as the need for a suitable animal and the logistical issues related to the presence of the cat in the therapy setting. By discussing these challenges openly, the article contributes to a more realistic and practical understanding of implementing such therapies in clinical practice. The article's conclusion emphasizes the need for further research, particularly to explore the combination of CBT, PCA, and AAT in different therapeutic contexts and with various patient groups. This aligns with the broader call in the field for more research to establish the effectiveness and generalizability of these combined approaches.

Conclusions

This article presents a possible approach to the therapy for a 5-year-old girl with a phobia of cats and dogs. It was very important to choose an individual working method and find the most efficient treatment. This led the author to the idea of combining several approaches: behavioural techniques, person centres approach, and animal-assisted therapy. The therapeutic process was based on systematic desensitisation and exposure therapy, as these have proven suitable for phobias. All of this was then brought to the PCA principal context, with an animal factor added where the animal played the role of a motivator in addition to the initial training in overcoming the fear. Not only did the animal support the girl's willingness to face unpleasant feelings, but it also served as an inspiration to

fight difficulties. The result of the cooperation demonstrates that the working method was selected suitably as it helped the little client overcome her fear. In addition, well-known common factors of psychotherapy were shown to be effective – a good therapeutic relationship, attention paid to the problem in question, understanding of the problem, facing the problem and training. It may be surprising how functional combining two different approaches can be, namely, the human-oriented therapy and behavioural therapy. The results from the article can be used by a variety of professionals, such as child psychologists and therapists, animal-assisted therapy practitioners, paediatric psychiatrists, special education professionals, clinical social workers, researchers in child psychotherapy or veterinarians and animal behaviourists. While the article contributes valuable insights into the combined use of CBT, PCA, and AAT in treating phobias in young children, it is limited by its reliance on a single case study, the therapist's inexperience, methodological gaps, and the unique nature of the therapy animal used. To build on this work, future research should include larger sample sizes, more rigorous methodology, comparative studies, and a focus on long-term outcomes. These steps would help validate the findings and explore the broader applicability of this therapeutic approach. The article also outlined the structure and multi-faceted research approach which would develop a deeper understanding of the effectiveness and mechanisms of combining CBT, PCA, and AAT for treating phobias in young children. This could eventually lead to more refined and evidence-based practices that benefit a broader population of children facing similar challenges. Overall, the article makes a meaningful contribution by providing a detailed case study that exemplifies how combined therapeutic approaches can be applied in practice, particularly for treating phobias in preschool-aged children. It advances the understanding of how AAT can be integrated into a broader therapeutic framework and highlights the importance of the therapeutic relationship in achieving successful outcomes. Moreover, by addressing the practical challenges of such an approach and calling for further research, the article helps pave the way for future studies and clinical applications in this area.

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