

The Effectiveness of the Dutch Cognitive-Behavioral Therapy Protocol for Hoarding Disorder: A Pilot Study

Puck. Duits^{1*}, Mae Dorothea. Nuijs¹, Marijda. Fournier¹

¹ Altrecht Academic Anxiety Centre, Altrecht GGz, Nieuwe Houtenseweg 2, 3524 SH Utrecht, the Netherlands

* Corresponding author email address: p.duits@altrecht.nl

Editor

Reviewers

Majid Mahmoud Alilou¹

Professor, Department of Clinical Psychology, Tabriz University, Tabriz, Iran
alilou_647@yahoo.com

Reviewer 1: Davood Taghvaei¹

Department of Psychology, Arak Branch, Islamic Azad University, Arak, Iran.
Email: d-taghvaeii@iau-arak.ac.ir

Reviewer 2: Mohsen Kachooei¹

Assistant Professor of Health Psychology, Department of Psychology, Humanities Faculty, University of Science and Culture, Tehran, Iran. kachooei.m@usc.ac.ir

1. Round 1

1.1. Reviewer 1

Reviewer:

The paragraph discussing prevalence (2.5%) and age of onset would benefit from a clearer distinction between point prevalence, lifetime prevalence, and subclinical hoarding traits, as these are often conflated in the literature and may affect interpretation.

Consider briefly clarifying whether these components are considered core or adjunctive elements in most CBT protocols, as this distinction is relevant when comparing international protocols.

This is a substantial intervention component. Please justify analytically whether the observed effects can still be attributed primarily to CBT rather than to intensive environmental modification.

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

The comparison with OCD treatment outcomes is informative; however, please explicitly acknowledge diagnostic and phenomenological differences between OCD and hoarding disorder to avoid an implicit assumption of treatment equivalence.

The rationale for focusing on the Dutch protocol is strong. However, the paragraph would benefit from a concise problem statement summarizing what specifically remains unknown about Dutch CBT outcomes prior to this study.

Please explicitly label this as a complete-case analysis and briefly discuss why alternative approaches (e.g., mixed models) were not feasible.

The comparison between included and excluded patients is commendable. However, given the significant baseline differences in SI-R and BSI, please discuss more explicitly how this selection bias may have inflated observed treatment effects.

This is an important limitation. Please clarify whether any informal validation (e.g., prior use in Dutch samples) exists and how this uncertainty affects interpretation of acquisition outcomes.

Although group and individual formats are described as identical in substance, please clarify whether therapist effects, group dynamics, or treatment fidelity checks were assessed or controlled for.

Authors revised the manuscript and uploaded the document.

2. Revised

Editor's decision: Accepted.

Editor in Chief's decision: Accepted.