

## REPLY

## Some Closure on Exposure—Realigning the Perspective on Trauma Treatment and Finding a Pathway Forward: Reply to [Brown \(2024\)](#) and [Najavits \(2024\)](#)

Arielle Rubenstein<sup>1</sup>, Jennifer Doran<sup>2, 3</sup>, Or Duek<sup>2, 4</sup>, and Ilan Harpaz-Rotem<sup>2, 5</sup>

<sup>1</sup> Mental Health and Counseling Department, Yale Health Center, New Haven, Connecticut, United States

<sup>2</sup> Department of Psychiatry, Yale School of Medicine, Yale University

<sup>3</sup> VA Connecticut Healthcare System, West Haven, Connecticut, United States

<sup>4</sup> Department of Epidemiology, Biostatistics and Community Health Sciences, School of Public Health, Ben-Gurion University of the Negev

<sup>5</sup> National Center for Posttraumatic Stress Disorder, VA Connecticut Healthcare System, West Haven, Connecticut, United States

We respond to commentaries by [Brown \(2024\)](#) and [Najavits \(2024\)](#) on our original work titled “To Expose or Not to Expose: A Comprehensive Perspective on Treatment for Posttraumatic Stress Disorder” ([Rubenstein et al., 2024](#)). Their work serves to augment the original argument that exposure is an important change factor in the amelioration of traumatic stress but should be viewed more broadly than traditional treatment paradigms suggest. We are grateful for this opportunity and aim to promote additional dialogue in the field about ways to improve upon existing models of trauma and its treatment.

*Keywords:* commentary response, exposure, trauma, evidence-based psychotherapies

We thank [Brown \(2024\)](#) and [Najavits \(2024\)](#) for their thoughtful commentaries on our article, “To Expose or Not to Expose: A Comprehensive Perspective on Treatment for Posttraumatic Stress Disorder” ([Rubenstein et al., 2024](#)). Both authors are pioneers in the field of traumatic stress and are uniquely positioned to speak to the effectiveness of exposure-based treatments for posttraumatic stress disorder (PTSD). Viewpoints expressed by [Najavits](#) and [Brown](#) align with two overarching themes: (a) While exposure to trauma memories can be an important element of treatment, it is neither necessary nor sufficient for clinical change, and (b) an understanding of treatment processes and principles is more clinically useful than protocol-based approaches. These themes clarify and

augment our work to offer a broader perspective on the treatment of PTSD.

Specifically, we thank [Brown \(2024\)](#) for highlighting the importance of taking a step back to reflect on the conceptualization of PTSD, including the historical contingency of its diagnostic placement among the anxiety disorders, the integration of neurobiological findings into treatment paradigms, and the relevance of the broader psychotherapy literature on evidence-based psychotherapy relationship variables ([Brown, 2024](#)). We thank [Najavits \(2024\)](#) for expanding on alternative available treatment frameworks for traumatic stress, especially regarding her area of expertise in individuals with comorbid substance use disorders ([Najavits, 2024](#)). Both commentaries also raise important equity concerns in the treatment of traumatic stress: expanding the conceptualization of trauma to include “systemic and structural forms of oppression and subjugation” ([Brown, 2024](#), p. 345) and considering the feasibility and accessibility of treatment in addition to clinical efficacy ([Najavits, 2024](#)).

Taken together, the commentaries speak to the importance of our aim in the initial article: locating the literature on exposure therapy for PTSD within the larger context of psychotherapy

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Arielle Rubenstein  <https://orcid.org/0000-0002-2911-5739>

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Correspondence concerning this article should be addressed to Arielle Rubenstein, Department of Psychiatry, Yale School of Medicine, Yale University, New Haven, CT 06511, United States. Email: [arielle.rubenstein@yale.edu](mailto:arielle.rubenstein@yale.edu)

literature and psychological science, in order to better understand how traumatized individuals process, integrate, and heal from traumatic events. Our effort reflects a broader movement away from specific treatment protocols and toward a deeper exploration of the principles and processes that underlie effective psychotherapy (Hofmann & Hayes, 2019). We hope that our investigation of the exposure process can inform more individually tailored psychotherapy approaches to effectively treat the broad range of individuals affected by traumatic stress (Norcross & Wampold, 2011). We are heartened by the commenters' reception of our contribution and look forward to continued dialogue with the aim of improving treatment for this important and deserving population.

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