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BRAVEMIND UKRAINE AND EMDR: A PRACTITIONER TRAINING PROTOCOL FOR UTILIZING FUTURE TEMPLATES IN POSTTRAUMATIC STRESS DISORDER THERAPY

The ongoing Russian-Ukrainian war has intensified mental health challenges in Ukraine, a country already marked by elevated rates of psychological conditions and Soviet-era stigma that discourages help-seeking. This context demands innovative approaches to clinician training and protocol development that equip practitioners with structured, evidence-based tools for trauma treatment. The aim of this research is to investigate the integration of BRAVEMIND Ukraine, an immersive virtual reality (VR)-based clinical environment under development, with Eye Movement Desensitization and Reprocessing (EMDR) therapy for the treatment of posttraumatic stress disorder (PTSD). Through a review of existing literature and clinical experience, this paper identifies three theoretical integration points for immersive VR within the EMDR standard protocol and proposes that the future-template-building stage represents the most suitable entry point. The primary result is a practical EMDR Future Template script designed for use with BRAVEMIND Ukraine, providing clinicians with a step-by-step protocol for conducting EMDR procedures within an immersive VR environment. While VR has been increasingly explored in trauma treatment (including tools that deliver bilateral stimulation within a VR headset while still relying on imaginal exposure), no published protocol exists for conducting scripted EMDR procedures within fully immersive, navigable virtual environments, a gap this paper directly addresses. Although developed for BRAVEMIND Ukraine, the model is adaptable to other immersive VR platforms, offering a generalizable framework for clinician training in structured therapies delivered within immersive environments. Future empirical research, including randomized controlled trials, is recommended to establish efficacy and identify optimal patient populations.

Keywords: *BRAVEMIND Ukraine, EMDR, future templates, PTSD therapy, trauma therapy, virtual reality.*

INTRODUCTION

Before the Russian-Ukrainian war, the people of Ukraine had suffered through many atrocities that laid the groundwork for intergenerational trauma (Bromet et al., 2005). In 2011, Ukraine had a higher prevalence of mental health conditions compared to other developed countries throughout Europe (Tintle et al., 2011), along with stigma that contributed to a tendency to avoid seeking psychological assistance (Quirke et al., 2021). The continuation of war has exacerbated trauma-related mental health issues among civilians and military personnel alike. Research has highlighted the extensive psychological impact of the war, with individuals experiencing a range of conditions, including PTSD, depression, anxiety, and substance use disorders (Haydabrus et al., 2022), signaling the potential emergence of a mental health crisis amidst recent events (United Nations Office for the Coordination of Humanitarian Affairs, 2024).

Integrating treatments that are both efficient and effective within a war-impacted environment is crucial for addressing these mental health needs. This research highlights BRAVEMIND Ukraine, a Virtual Reality (VR) based tool, as a promising complement to Eye Movement Desensitization and Reprocessing (EMDR) therapy for treating PTSD among Ukrainian civilians and soldiers. Included as a concrete tool for clinicians is an EMDR *Future Template* script designed for use with BRAVEMIND Ukraine. The primary benefits of integrating BRAVEMIND Ukraine with EMDR are to enhance therapeutic engagement and improve patient retention and receptivity to treatment. This paper presents conceptual research grounded in a review of existing literature and clinical experience with BRAVEMIND Ukraine and EMDR therapy.

EMDR. The main principle that underlies EMDR is that PTSD symptoms arise because traumatic memories are improperly processed and stored in a fragmented form, causing them to remain “stuck” in the brain (Shapiro & Laliotis, 2015). These memories, often accompanied by

vivid sensory details, are easily triggered by reminders of the trauma. EMDR seeks to help individuals reprocess these memories, so they are integrated into the broader adaptive memory network – also called Adaptive Information Processing (AIP) – reducing their emotional charge and distressing impact (Shapiro, 2018). To do this, EMDR therapy consists of eight phases, with bilateral stimulation – typically in the form of guided eye movements – being the hallmark technique used during memory reprocessing. The therapist first takes a comprehensive history of the client's experiences and works with them to identify the target memory or traumatic event to be addressed. This phase is followed by preparing the client with relaxation techniques and building a therapeutic alliance to ensure the client can handle the distress associated with reprocessing.

The core of EMDR therapy occurs in the reprocessing phases, where the client focuses on the traumatic memory while simultaneously engaging in bilateral stimulation, such as following the therapist's hand movements with their eyes. This dual attention process allows the brain to reprocess the trauma in a less distressing manner, facilitating the integration of the memory into the broader context of the individual's life. Clients are asked to notice thoughts, feelings, and sensations that arise during the process, which helps the memory become less vivid and emotionally charged. During EMDR, emotion distress is measured by the subjective units of distress levels (SUDs), aiming for a score of 0 out of 10; cognition is measured by the validity of cognition (VOC) to achieve a positive belief rated at 7 out of 7; and sensation is assessed through self-reported scans of physical bodily sensations, which should be cleared for the memory to be considered fully processed (Shapiro, 2018). Moreover, EMDR therapy also includes present and future targets to address present-day triggers related to the trauma and prepares clients to handle future challenges through adaptive coping strategies. This focus on reprocessing past trauma while also building resilience for the future makes EMDR particularly suited for war-related PTSD, where individuals often face ongoing exposure to high-stress environments. By the end of treatment, many individuals report reduced distress related to the traumatic memory and improved day-to-day functioning (de Jongh et al., 2024; Wilson et al., 2018). EMDR's structured protocol and its ability to proceed with minimal verbal disclosure has made it one of the primary guideline-recommended trauma-focused treatments for PTSD, including in war-affected settings (Department of Veterans Affairs & Department of Defense, 2023b; Russell & Figley, 2013).

EMDR in Wartime. EMDR is a first-line treatment for PTSD supported by more than 30 randomized controlled trials (de Jongh et al., 2024). Since its development in the United States (Shapiro, 1989), EMDR has proven effective in treating PTSD, particularly in wartime contexts. The first randomized clinical trial using a veteran sample demonstrated its efficacy for combat-related trauma (Boudewyns et al., 1993). Humanitarian efforts in the mid-1990s saw EMDR training provided to clinicians in war-torn regions such as Croatia and Bosnia (Silver et al., 2005). In 1998, a study showed that 12 sessions of EMDR resulted in 77% remission of PTSD diagnosis in military veterans (Carlson et al., 1998). The U.S. Department of Veterans Affairs and Department of Defense (VA/DoD) endorsed EMDR as a "strongly recommended" treatment for PTSD in 2004, and again in 2017 and 2023 (Department of Veterans Affairs & Department of Defense, 2004, 2017, 2023). By 2013, the World Health Organization recommended EMDR for treating PTSD across various populations, highlighting its global applicability (World Health Organization, 2013).

Around this same time, M. Russell and C. Figley, two prominent American psychologists, argued that among PTSD psychotherapies, EMDR is particularly well-suited for military populations due to its "practicality, flexibility, efficiency, rapidity, and effectiveness within a believable therapeutic framework respectful of warrior culture and ethos" (Russell & Figley, 2013, p. 41). These authors expanded their claim, noting that EMDR does not require homework assignments typical of cognitive and behavioral approaches, which can be impractical for military personnel due to their demanding schedules and lack of privacy. The therapeutic workload may partially explain the high dropout rates of the other VA/DoD-recommended psychotherapeutic treatments for PTSD, Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT) (for example, see Kehle-Forbes et al., 2016; Kime, 2020). EMDR requires no mass reproduction or

purchase of workbooks, homework sheets, or daily self-rating forms (Russell & Figley, 2013). It offers flexibility in self-disclosure, allowing clients to control how much they share, which can also help prevent compassion stress and fatigue for practitioners. Additionally, it has potential for rapid therapeutic gains in fewer sessions; for example, M. Russell et al. (2007) found that American military personnel returning from service in Iraq and Afghanistan required, on average, 8.50 sessions of EMDR if they were wounded in combat and 3.82 sessions if they were nonwounded. These characteristics made EMDR particularly advantageous in military settings.

Clinical Virtual Reality in Wartime. Clinical VR has been extensively researched and applied in the treatment of PTSD, particularly among war-affected populations. VR has historically been seen as a tool for delivering exposure therapy (VRET), an evidence-based treatment protocol. Clinical exposure is based on Pavlovian conditioning theories that postulate the facilitation of fear extinction through controlled visual, auditory, vibrotactile, and olfactory exposure to trauma-related stimuli. During treatment, clients wear head-mounted displays and body sensors and are immersed in simulations of trauma-relevant environments. The emotional intensity of scenes can be precisely controlled by clinicians to tailor the pace and relevance of the exposure for each client (Rizzo et al., 2010; Rizzo & Shilling, 2017). VRET is especially useful when real-world exposure is impractical due to cost, danger, or logistical challenges, such as in the original Virtual Vietnam environment, where the simulation of being inside a helicopter would be prohibitively expensive to recreate (Gamito et al., 2010; Rothbaum et al., 1999).

While the VA/DoD has listed VRET among technology-based treatments for PTSD, they highlighted several ethical considerations and limitations associated with this treatment (Department of Veterans Affairs & Department of Defense, 2023a). The guidelines noted that while VRET has demonstrated effectiveness in treating PTSD, its comparative efficacy with traditional trauma-focused therapies such as Prolonged Exposure (PE) therapy has varied. Consistently, VRET has been found superior to waitlist controls. Some studies have shown VRET to be as effective as PE (Reger et al., 2016), while others suggest no significant differences between VRET and other active treatments (McLay et al., 2011). In a more recent, large randomized clinical trial in this area, J. Difede et al. (2022) reported statistically significant and clinically meaningful PTSD symptom reductions across all participants. VRET gains were equivalent to standard PE. In an important finding in this study, VRET was shown to outperform PE in persons with PTSD *and* comorbid Major Depression, confirming pre-planned study predictions. This result lends support to the rationale that the emotionally evocative nature of immersive VRET may benefit depressed clients who may be emotionally under-engaged with traditional PE treatment.

Barriers to care may also be better addressed with VRET. When research participants were asked at the start of the J. Difede et al. (2022) trial (right after informed consent) if they could choose a treatment, 76.7% stated that they would have chosen VRET. These results suggest that VRET is both patient-preferred and equivalent to an evidence-based approach, particularly in persons with comorbid Major Depression – a common and relatively challenging set of conditions to treat. Moreover, VRET, in addition to attracting individuals to begin the treatment process, may motivate them to stay engaged (Rizzo et al., 2023; Rizzo & Shilling, 2017). For example, in J. Difede et al. (2022), while the dropout rate was still a concern across both PE and VRET approaches, a non-significant trend was found in favor of the VRET group. Thus, VR PTSD treatment scenarios that are interactive and immersive may engage client attention and foster active participation during the session in support of improved patient outcomes. These results underscore the need for further research to optimize VRET applications, particularly in wartime environments like Ukraine, and for assessing clinical VR's usefulness as a format to deliver other evidence-based treatment approaches.

Timeline of BRAVEMIND Ukraine's Forerunners.

Virtual Vietnam (1997). In 1997, researchers at Georgia Tech and Emory University, in collaboration with the VA Hospital in Atlanta, initiated the first effort to apply VRET with the Virtual Vietnam project (Hodges et al., 1998; Hodges et al., 1999; Rothbaum et al., 1999). Initial

case studies showed a significant decrease in PTSD symptoms post-treatment (Rothbaum et al., 1999) and are now well documented (Rothbaum et al., 2008).

Virtual Iraq (2004), Virtual Afghanistan (2005), and BRAVEMIND (2007). In 2004, the University of Southern California (USC) Institute for Creative Technologies (ICT) began developing the Virtual Iraq VRET system to address PTSD in returning military personnel (Rizzo et al., 2010). Funded by the Office of Naval Research, the initial prototype used virtual assets from the *Full Spectrum Warrior* video game and was iteratively improved based on user feedback (Rizzo et al., 2005). Research with the Version 1 Virtual Iraq/Afghanistan system then produced significant reductions in PTSD symptoms among veterans who underwent VRET (Reger et al., 2011; Rizzo et al., 2008; Rizzo et al., 2010). The Version 1 Virtual Iraq/Afghanistan system was then disseminated to over 70 clinical sites, including VA medical centers, military bases, university clinics, and private practices for PTSD treatment (Rizzo et al., 2017).

In 2012, based on the initial success of the Version 1 Virtual Iraq/Afghanistan VRET application, new funding was acquired to fully update the system. This funding was based on the previous encouraging research findings, user feedback, and the rapidly advancing state of both VR hardware and software. Version 2 was renamed "BRAVEMIND" and was rebuilt on the Unity game software authoring engine. VR authoring software had evolved dramatically since the initial version was developed, and this supported an increase in the number of VR scenarios from 4 to 14, along with the addition of new audiovisual features – all based on the needs communicated by the clinician and client feedback from Version 1. This new Version 2 system supported the next-generation PTSD research efforts that continued to evaluate and document the efficacy of VRET (Beidel et al., 2019; Beidel et al., 2017; Difede et al., 2022; Folke et al., 2023). BRAVEMIND was again updated in 2019 (Version 3) to run on more modern, higher fidelity, comfortable, and less expensive equipment (e.g., Oculus, HP Reverb, HTC VIVE, Samsung VR Headsets). Along with lowering costs, the new version has significantly amplified capability, including enhanced usability, stereoscopic rendering, wider field of view, higher resolution, and better user comfort in the operation of the headset.

BRAVEMIND Ukraine (2022). In 2022, the USC ICT, in partnership with the International Institute of Postgraduate Education (IIPE), conceptualized BRAVEMIND Ukraine. Following the development of previous VRET systems, the latest project, BRAVEMIND Ukraine, modifies and applies the BRAVEMIND architecture. This adaptation involves translating the existing virtual environments to reflect the Russian-Ukrainian war, aiming to provide relevant therapeutic tools for PTSD treatment in this specific context (Rizzo et al., 2025). To date, three virtual environments have been developed with input from Ukrainian mental healthcare professionals and military personnel. As seen with the development of BRAVEMIND Version 3, this form of iterative user-centered design process is essential for optimizing content relevance for promoting patient engagement in this highly individualized and emotionally evocative treatment process.

BRAVEMIND Ukraine Scenarios Developed. To date, the BRAVEMIND Ukraine project has developed three VR environments or scenarios. These immersive simulations aim to recreate experiences of individuals in combat roles, civilians enduring wartime conditions, and those living in occupied regions. In each environment, the clinician can introduce visual and auditory effects to intensify the experience, such as the sounds of footsteps, heavy breathing, aircraft/helicopter noises, drone attacks, and explosions, either with or without relevant visual stimuli (patrolling soldiers, tanks, and other vehicles/activities). Each environment can be modified to reflect different seasons, weather conditions, and times of day to better align with a client's specific memories and experiences. Content ideas for the construction of these worlds have been provided from clinician/client stories, media reports, and from academic analysis of generic wartime content that was seen to be relevant from previous BRAVEMIND development for veterans of the wars in Iraq and Afghanistan.

Russian Occupied City. This scenario begins on the ground floor in a city environment, where clients can see the wreckage of a bombed-out city. In this particular environment, clients see

wounded Ukrainian soldiers, and clinicians can introduce Russian tanks, drones/aircraft, and occupying troops.

City Highrise under Attack. This scenario takes place inside an apartment with panoramic views of the surrounding buildings. In this particular environment, clinicians can introduce an incoming missile, drone strikes, and the destruction of a building. Clients see another civilian in the same apartment responding to the attack and emergency vehicles can enter the street scenes.

Combat Environment. This scenario is set in the trenches in front of an open field. Clients see Ukrainian soldiers in the trenches and bunkers, and in this particular environment, clinicians can introduce Russian helicopters and drone attacks.

The Versatility of Clinical VR and the EMDR Framework. A core strength of clinical VR tools is their inherent adaptability; they are platforms, not rigid protocols. The history of BRAVEMIND, specifically, shows that it has never been inextricably wed to PE therapy. Instead, its development has been a process of creative repurposing to meet different clinical needs. This pattern of adaptation began with its predecessor, Virtual Iraq, which repurposed assets from the commercial video game *Full Spectrum Warrior* to create a therapeutic tool for exposure therapy (Rizzo et al., 2005). The most compelling evidence of its flexibility, however, came with the Stress Resilience In Virtual Environments (STRIVE) project (Rizzo & Shilling, 2017). In this initiative, the very same virtual content used to treat PTSD was modified to help prevent it by training soldiers in stress management and cognitive coping skills. This demonstrates that the BRAVEMIND platform is fundamentally a versatile environment, capable of hosting therapeutic approaches beyond exposure.

This technological adaptability is precisely what makes BRAVEMIND a powerful tool for the EMDR framework. EMDR is a flexible therapeutic approach described "not as a technique, but as a way of looking at clients and their problems, an approach into which the tools of other therapies may be incorporated" (Silver & Rogers, 2003, 70). By design, its AIP model can integrate tools that facilitate the brain's natural processing (Shapiro & Laliotis, 2015). Therefore, combining BRAVEMIND's adaptable VR platform with the integrative EMDR protocol is a synergistic pairing designed to enhance therapeutic outcomes by increasing client motivation and engagement. A challenge that this article takes up is answering how to do it with fidelity to the EMDR protocol.

The Formulation of the Problem. Mental healthcare in Ukraine is confronted by a significant challenge: the collision of acute, war-exacerbated psychological distress with profound, historically rooted barriers to care. Soviet-era stigmatization of mental health has fostered a persistent cultural reluctance to seek help and a distrust of conventional services (Jiang et al., 2023). While the ongoing conflict has intensified the prevalence of conditions such as PTSD, depression, and anxiety (Goto et al., 2022; Haydabrus et al., 2022; Seleznova et al., 2023), these socio-cultural barriers continue to impede access to professional care, particularly among military personnel and those in affected regions (Quirke et al., 2021). The nation's healthcare system, already facing limited resources, is ill-equipped to overcome these additional obstacles, resulting in significant gaps in treatment accessibility and affordability (Seleznova et al., 2023).

The persistence of these barriers suggests that merely expanding existing services may be insufficient. Rather, innovative approaches are required to enhance therapeutic engagement and mitigate the effects of stigma and avoidance (Rizzo et al., 2009). This project proposes integrating VR technology with EMDR therapy as a strategic response to this problem. For populations that may be hesitant to engage in traditional psychotherapy, an immersive and interactive modality may lower perceived barriers to entry and increase treatment receptivity. The central rationale is that by leveraging the engaging properties of VR, clinicians can improve patient motivation and retention, thereby making evidence-based treatments more accessible and effective for individuals who might otherwise avoid care.

Research Aim. The aim of this research is to investigate how immersive VR environments can be incorporated into the EMDR standard protocol for the treatment of PTSD among Ukrainian civilians and soldiers. Specifically, this paper discusses the theoretical basis for conducting EMDR

procedures within immersive virtual environments, proposes that the future-template-building stage represents the most suitable entry point, and provides a scripted protocol for practitioners to use when doing so. While VR has been increasingly explored in trauma treatment, the integration of fully immersive virtual environments into scripted EMDR procedures represents an unaddressed gap in the clinical literature. This paper responds to that gap by providing an EMDR Future Template script designed for use with BRAVEMIND Ukraine. Although developed for BRAVEMIND Ukraine, the protocol is adaptable to other immersive VR platforms. Given that immersive VR may increase treatment engagement and reduce dropout rates, this approach is expected to accommodate the unique needs of a subgroup of Ukrainian patients who could benefit from this form of therapy. Beyond its clinical application, this protocol is also intended as a training resource for EMDR practitioners and clinical educators seeking to incorporate immersive VR into evidence-based trauma treatment.

METHOD AND MATERIALS

This article presents conceptual research based on a review of existing studies and clinical experiences. The study recommends the use of the BRAVEMIND Ukraine VR tool, which is currently under development, for EMDR practitioners in Ukraine. BRAVEMIND Ukraine builds on the existing EMDR practices by incorporating VR scenarios similar to BRAVEMIND, which is used to treat soldiers and veterans with PTSD by implementing a prolonged exposure treatment model.

Incorporating BRAVEMIND Ukraine into the EMDR Standard Protocol. There are at least three theoretical points for integrating VR into the standard EMDR protocol. First, VR can be used as a memory reactivation tool during the target identification stage. Beyond direct questioning, techniques like the Floatback Technique and Affect Scan have been used in EMDR to help clients access past traumatic memories (Shapiro & Laliotis, 2015). These techniques inspire connections between present and past through free association and can potentially circumvent avoidance and other defenses (Browning, 1999). However crucial these techniques may be, History Taking and Treatment Planning tend to be the least scriptable phase of EMDR, and no single technique is definitive for memory reactivation. As a theoretical integration point, a virtual environment can serve as an alternative to these methods, facilitating the recall of traumatic events. For example, experiencing a virtual bombed-out building environment (one of the environments built in BRAVEMIND Ukraine) could help a client identify target memories related to war-related trauma. Though this inclusion point is not the focus of this research, it bears noting that VR must be used with care to avoid the risk of false memories or triggering clients before they are ready to process these experiences. Importantly, a virtual environment need not be overly realistic, terrifying, or triggering. Its use should be carefully monitored and tailored to the individual needs and readiness of each client by a well-trained and certified clinician.

Second, VR can be utilized for developing Future Templates. EMDR therapy involves three stages: reprocessing past events, addressing present triggers, and preparing for future challenges (Shapiro & Laliotis, 2015). Future Templates apply adaptive skills to future events related to present triggers. Current techniques for developing Future Templates in EMDR therapy include imaginal rehearsal, generating challenge situations to practice adaptive responses, and using bilateral stimulation while clients visualize future scenarios (Settle & Adler-Tapia, 2016). Therapists also create contingency plans based on the client's responses, adjusting the process to reinforce positive outcomes or reprocess any negative responses, and consequently enhancing the probability that the client is well-prepared for future challenges. In the same way that the Floatback Technique is only one method to facilitate memory reactivation, there is theoretical space for techniques that integrate tools like VR into the Future Template stage of treatment. For instance, a VR simulation of a combat environment could help a client practice adaptive responses to the sights

and sounds of war. VR scenarios provide a space beyond the imagination for clients to rehearse effective behaviors, reinforce positive cognitions, and apply adaptive skills learned.

Third, VR can be used in phase eight of EMDR to test resiliency and track retention of therapeutic gains. Unlike PE, which builds a client's capacity through repeated exposure, VR in EMDR assumes the client already has the necessary resources. It serves to evaluate how well they retain adaptive responses, offering a controlled, immersive way to practice handling real-world challenges.

Procedural Steps for Developing Future Templates with Virtual Reality Headset Adapted from EMDR Institute (2023).

A Note on Monitoring Dissociation with a VR Headset. A clinical challenge when processing traumatic memories is to manage arousal and potential dissociation by ensuring the client maintains dual awareness of past and present conditions, especially during intense emotional responses. F. Shapiro and D. Laliotis (2015) wrote: "The clinical challenge when processing traumatic memory networks in EMDR therapy is to manage the arousal states and potential peritraumatic dissociation by tracking the client's ongoing ability to maintain simultaneous awareness of past and present conditions, particularly during intense emotional responses" (p. 211).

While a VR headset can obscure non-verbal cues like facial expressions, clinicians must continue to monitor the client through other channels. This includes attending closely to verbal cues, regularly asking clients to describe their experience to gauge their level of distress, and observing for changes in body language. Careful monitoring is essential for both client safety and for supporting future research into this question.

Session Orientation. Note that italicized words are instructions and not spoken. Words and phrases in brackets, even those within quotations, are not part of standard protocol.

"You have just completed work on a present trigger **[related to the sound of explosions]** and came to that positive belief of (repeat the Positive Cognition (PC)) [**I can stay calm under pressure**]" (EMDR Institute, 2023, p. 55).

Now, we are going to use virtual reality to imagine a future scenario and develop a template. Later, we will introduce some challenging scenarios within this environment. These may include [**sounds of aircraft/helicopters, drones, or witnessing an attack on a building**]. What are your thoughts? How do you feel about using this approach?

Step 1: Identify Desired Outcome.

"*Identify a future situation (similar to the reprocessed present trigger) where a more adaptive response is needed. Ensure the client has the skills needed to implement it and address skill building as needed*" (EMDR Institute, 2023, p. 55).

Let's get you set up with the VR headset.

Give the client a few moments to familiarize themselves with the VR environment.

How are you feeling with the equipment on? Do you feel any motion sickness? Does everything feel comfortable? Do you feel any tension, tightness or unusual sensation? *If yes, ask*: Where in your body do you feel that?

"*Then ask*: 'What is a future situation [similar to what you are encountering in this VR environment]?'" (EMDR Institute, 2023, p. 55).

"Do the words (repeat PC from present trigger) [**I can stay calm under pressure**] fit? (*If not, identify their preferred PC*.) (EMDR Institute, 2023, p. 55).

"Note the PC (if new): _____" (EMDR Institute, 2023, p. 55).

"How would you like to feel in that future situation?" (EMDR Institute, 2023, p. 55).

"Note desired feeling or state (e.g., calm, confident, grounded, etc.): [**calm and confident**]" (EMDR Institute, 2023, p. 55).

Step 2: Virtual Reality Experience of the Future Scene.

"Ask the client to imagine that future scene/image of the experience while holding in mind the PC [**I can stay calm under pressure**]and the desired feeling **calm and confident**" (EMDR Institute, 2023, p. 55).

"I'd like you to imagine yourself responding effectively to this situation. With the new positive belief (repeat the PC) [**I can stay calm under pressure**] and a feeling of (repeat desired feeling or state) [**being calm and confident**], imagine stepping into this scene. Notice how you are handling the situation and what you are thinking, feeling, and experiencing in your body" (EMDR Institute, 2023, p. 55).

"After a sufficient pause, ask: 'What are you noticing?'" (EMDR Institute, 2023, p. 55).

"If the client's response is NEGATIVE or uncertain, reprocess directly by adding sets of fast tactile and/or auditory BLS using a dedicated bilateral stimulation software or application, with client reports between sets until neutral. If blocked, go to "If Future Template Becomes Blocked" (EMDR Institute, 2023, p. 55).

*"Once the client's response is POSITIVE: Reinforce the scene/image and strengthen with fast tactile and/or auditory BLS. Install the Positive Cognition (PC) [**I can stay calm under pressure**] until Validity of Concern (VOC) is 7 (or ecologically adaptive). Proceed to Step 3"* (EMDR Institute, 2023, p. 55).

Step 3: Generate a Challenging Situation within the Virtual Environment.

When appropriate for the client: Create a scenario where there is a challenge and generate an adaptive response to that situation. "Process and install PC to VOC of 7 (or ecologically adaptive) for each situation" (EMDR Institute, 2023, p. 56).

Now we are going to introduce some challenging situations within the VR environment. I want you to imagine yourself responding effectively to this challenge. Keep in mind the positive belief (repeat the PC) [**I can stay calm under pressure**] you have about yourself and the desired feeling (repeat desired feeling or state) [**calm and confident**]. Here comes the scenario [**of hearing sirens**].

"Implement Step 2 for the same situation, now with the added challenge." (EMDR Institute, 2023, p. 56) If time allows, "you may choose to generate multiple challenging situations" (EMDR Institute, 2023, p. 56).

Step 4: Run a Movie (Without VR Headset).

"*Ask the client to run a MOVIE of the sequence from start to finish (without bilateral stimulation (BLS)) responding adaptively to the situation, holding in mind the Positive Cognition (PC) [**I can stay calm under pressure**], and noticing the positive feelings and sensations*" (EMDR Institute, 2023, p. 56).

"Now for this next part, you can please remove the VR headset. I would like you to run a movie from beginning to end dealing effectively with this situation, holding in mind the positive belief (repeat the PC) [**I can stay calm under pressure**] you have about yourself and noticing the positive feelings and sensations. Let me know when you get to the end of the movie or if you bump into any disturbance or difficulty" (EMDR Institute, 2023, p. 56).

"*Once the client signals, ask:* 'What are you noticing?'" (EMDR Institute, 2023, p. 56).

"*If the client's response is NEGATIVE or uncertain, reprocess directly by adding sets of long/fast BLS (any) with client reports between sets until neutral. If blocked, go to 'If Future Template Becomes Blocked"*" (EMDR Institute, 2023, p. 56).

"Once the client's response is POSITIVE: Add BLS (any) as the client runs the movie again to strengthen the positive feelings, then ask, 'What are you noticing?'" (EMDR Institute, 2023, p. 56).

*"If neutral/positive, install the Positive Cognition (PC) [**I can stay calm under pressure**] until VOC = 7 (or ecologically adaptive)"* (EMDR Institute, 2023, p. 56).

Installation (Only if needed):

"Bring up the future situation and those words (repeat the selected PC) [**I can stay calm under pressure**]. From 1 completely false to 7 completely true, how true do they feel to you now?" (EMDR Institute, 2023, p. 56).

"Hold the situation and the words (repeat PC) [**I can stay calm under pressure**] together (*Apply BLS (any)*)" (EMDR Institute, 2023, p. 56).

"Let it go... take a breath... What are you noticing now? (*pause for response*) Notice that" (*Apply BLS (any)*) (EMDR Institute, 2023, p. 56).

"*Check VOC, adding sets of BLS until the VOC no longer strengthens*" (EMDR Institute, 2023, p. 56).

"Bring up the future situation and those words (repeat the selected PC) [**I can stay calm under pressure**]. From 1 completely false to 7 completely true, how true do they feel to you now?" (EMDR Institute, 2023, p. 56).

"*Once the VOC = 7 (or ecological) and no longer getting stronger, add another set of BLS (any) and elicit feedback*" (EMDR Institute, 2023, p. 56).

If Future Template Becomes Blocked in Steps 2 or 4:

If related to hesitancy, unfamiliarity or needed skill (s), identify difficulty(ies), problem solve, teach skill (s) and/or strengthen resources. Then return to the Future Template.

If another trigger is present, reprocess with Phases 3-6, followed by Future Template.

Explore if there are any Feeder Memories or Blocking Beliefs. Reprocess using Phases 3-6. Then identify and reprocess a related Present Trigger followed by the Future Template.

Reminder: Use Closure (Phase 7) procedures before closing at the end of every session. (EMDR Institute, 2023, p. 56)

Clinical and Ethical Considerations. A critical consideration in the implementation of VR-assisted EMDR is the maintenance of the therapeutic alliance. While VR offers controlled and immersive environments for trauma processing, clinicians must ensure that the technology serves as a tool to enhance, not replace, the core relational elements of therapy (Rizzo et al., 2002). Adequate training in technology and EMDR techniques is crucial to uphold ethical standards and prevent potential drawbacks. Furthermore, when treating individuals actively engaged in conflict, it is essential to address the ethical implications of applying trauma therapy to those likely to return to traumatic environments. The therapeutic goal must remain centered on the individual's healing and mental health rather than on optimizing performance for combat effectiveness. As such, clinicians should always place a greater emphasis on the person's internal struggle than on external events.

CONCLUSION

The integration of immersive VR with EMDR therapy offers a promising approach to addressing PTSD treatment challenges in Ukraine, diversifying treatment options based on client interest, acceptance, and clinical needs. The practical EMDR Future Template script offered here provides clinicians with a concrete, step-by-step tool for incorporating immersive VR into their practice with fidelity to EMDR standards, built on the immersive environments of BRAVEMIND Ukraine and adaptable to other immersive VR platforms.

Future empirical research, including randomized controlled trials, is needed to validate this integrated approach and to identify which patient populations are most likely to benefit. Of particular interest are individuals with comorbid PTSD and Major Depression, given existing evidence that immersive VRET outperforms traditional exposure therapy in this group (Difede et al., 2022), as well as high-avoidance patients who resist imaginal exposure and those for whom standard EMDR has reached a therapeutic ceiling. Additionally, this protocol may serve as a pedagogical model for training clinicians in the delivery of structured therapies within immersive environments, an area of growing relevance for clinical training programs preparing practitioners to work with war-affected populations.

Limitations and Future Directions. This paper presents a conceptual framework and a practical script for integrating VR into the EMDR protocol. While grounded in the established versatility of both VR and EMDR, this approach is still in its early stages. The BRAVEMIND

Ukraine platform currently has three developed scenarios, which, while based on direct feedback from Ukrainians, cannot capture the full range of traumatic experiences. Future development will need to follow the iterative, user-centered design model of its predecessor, BRAVEMIND, where initial implementations provided crucial feedback that informed the expansion to over 14 virtual worlds. A similar path of content expansion based on ongoing clinical feedback is anticipated for BRAVEMIND Ukraine. Further empirical research is needed to validate the efficacy of this integrated approach. Randomized controlled trials comparing standard EMDR, VR-assisted EMDR, and other trauma therapies would be invaluable in establishing its effectiveness and identifying which patient populations might benefit most.

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BRAVEMIND UKRAINE ТА EMDR: НАВЧАЛЬНИЙ ПРОТОКОЛ ДЛЯ ПРАКТИКІВ ЩОДО ВИКОРИСТАННЯ МАЙБУТНІХ ШАБЛОНІВ У ТЕРАПІЇ ПОСТТРАВМАТИЧНОГО СТРЕСОВОГО РОЗЛАДУ

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Триваюча російсько-українська війна загострила проблеми психічного здоров'я в Україні – країні, яка й раніше характеризувалася підвищеними показниками психологічних розладів і впливом радянської стигми, що стримує людей від звернення по допомогу. У цьому контексті виникає потреба в інноваційних підходах до підготовки клінічних фахівців та розроблення терапевтичних протоколів, які забезпечують практиків структурованими, доказово обґрунтованими інструментами лікування травми. Метою цього дослідження є вивчення інтеграції BRAVEMIND Ukraine – клінічного середовища занурювальної віртуальної реальності (VR), що перебуває на стадії розроблення – з терапією десенсибілізації та репроцесингу за допомогою рухів очей (EMDR) для лікування посттравматичного стресового розладу (ПТСР). На основі огляду наявної літератури та клінічного досвіду в роботі визначено три теоретичні точки інтеграції занурювальної VR у стандартний протокол EMDR і запропоновано, що етап формування «шаблону майбутнього» є найбільш придатною точкою входу. Основним результатом є практичний сценарій EMDR Future Template, розроблений для використання з BRAVEMIND Ukraine, який надає клініцистам покроковий протокол проведення процедур EMDR у занурювальному VR-середовищі. Хоча застосування VR у лікуванні травми досліджується дедалі активніше (зокрема інструменти, що забезпечують двобічну стимуляцію в VR-гарнітурі, водночас спираючись на уявну експозицію), на сьогодні не існує опублікованого протоколу для проведення сценарно структурованих процедур EMDR у повністю занурювальних, навігаційних віртуальних середовищах. Саме цю прогалину і прагне заповнити дана робота. Хоча модель розроблена для BRAVEMIND Ukraine, вона може бути адаптована до інших платформ занурювальної VR, пропонуючи узагальнювану концептуальну основу для підготовки клініцистів до проведення структурованих терапій у віртуальних середовищах. Подальші емпіричні дослідження, включно з рандомізованими контрольованими випробуваннями, рекомендовані для встановлення ефективності підходу та визначення оптимальних груп пацієнтів.

Ключові слова: *BRAVEMIND Ukraine, EMDR, віртуальна реальність, терапія ПТСР, травматерапія, шаблони майбутнього.*