



A 501(c)(3) Charitable Trust

Stella

The Reset Project

**Supported by the Sabot Foundation
through Infinite Hero Foundation**

**in partnership with Dr. Shauna Springer
and Stella Mental Health**

Narrative Impact Report in the words of
the Veterans who received treatment



Executive Summary

THE RESET PROJECT was designed to do more than provide veterans access to an innovative intervention. It was designed to create a pathway into treatment that veterans could understand, trust, and choose for themselves.

Veterans participating in the initiative first received a private, non-clinical consultation with Dr. Shauna Springer. The purpose of this conversation was not to conduct another clinical intake or require veterans to retell their histories. It was to provide a knowledgeable and trusted point of contact who could explain the intervention, answer questions, address fears and misconceptions, and help each veteran make an informed decision about whether treatment felt right for them.

Veterans who elected to proceed subsequently received treatment through Stella using its dual sympathetic reset approach, involving stellate ganglion block procedures delivered as part of a protocol intended to reduce excessive sympathetic nervous system activation.

The early qualitative response has been striking.

Veterans have described substantial improvements in sleep, anxiety, irritability, emotional regulation, relationships, conflict tolerance, sense of safety, and their ability to pause before reacting. Several described spouses and children noticing changes without being prompted. Others described feeling more hopeful, more present, more capable of making deliberate choices, and, in their own words, more like themselves again.

An especially important feature of these findings is how much of this feedback was obtained through spontaneous expressions of change, shared directly between veterans who participated in THE RESET PROJECT.

That is, a significant portion of the feedback shared in this report was not elicited through formal interviews, surveys, or requests for testimonials. Many Veterans sent unsolicited personal messages following their procedures. Even more compellingly, much of the feedback emerged spontaneously in an ongoing group text conversation among participating veterans themselves, which Dr. Springer was part of.

Veterans were comparing experiences, reporting changes as they noticed them, talking about what their wives and children were seeing, and describing moments in everyday life when they realized they were responding differently than they would have before treatment.

These conversations were not created as a research instrument, and they should not be interpreted as controlled outcome data. But that is also precisely what gives them weight and value - and a level of ecological validity that may exceed more formal outcome determinations.

They provide a window into what veterans themselves considered important enough to tell one another when nobody was asking them to demonstrate that the program worked.



She's not only an expert, she actually listens and makes you feel like you're family.

THE RESET PROJECT: Creating a Trusted Pathway Into Treatment

Access to an intervention does not automatically translate into willingness to receive it.

For veterans who have spent years navigating medical systems, mental health treatment, disability processes, and interventions that may not have produced the changes they hoped for, another treatment option can be met with understandable skepticism.

The procedure itself can also sound intimidating. Stellate ganglion block involves an injection in the neck near the sympathetic nervous system. For someone hearing about the intervention for the first time, the mechanics of the procedure alone can create apprehension.

For this reason, the initiative deliberately placed a human relationship before the procedure.

Each participating veteran was offered a private consultation with Dr. Shauna Springer before treatment. The conversation was intentionally non-clinical. Veterans were able to ask questions about what the treatment involved, why it might affect symptoms associated with chronic sympathetic activation, what they could reasonably expect, and what the experience of receiving the procedure would be like.

The goal was informed choice rather than persuasion.

Veterans' later descriptions suggest that this component became an important part of the intervention pathway in its own right.



One veteran explained:

"This is a scary process, which was made a lot easier to go through after talking to someone who knows the science."



Another described what he believed would have happened without that preparation:

"Getting a shot to the back of your neck is pretty frightening... somebody that doesn't even know what's going on makes it unbearable and I probably wouldn't have done it."



Others emphasized something less technical but equally important: feeling understood.

"She is more empathetic than the VA. As a vet, I want someone who also cares and understands what we have gone through."

"Her knowledge and experience of dealing with other veterans."

"She was able to relate to what I was trying to get across."

And, in language that reflects the cultural connection some veterans experienced: "She understands us... oorah."



One veteran summarized the relational component simply:

"She's not only an expert, she actually listens and makes you feel like you're family."

These responses suggest that the pre-treatment consultation addressed a barrier that can easily be overlooked when programs focus primarily on treatment availability.

Veterans must have access to an intervention, but they must also trust the pathway into it.

01

Reducing Fear Without Creating Pressure

Veterans also described the consultation as allowing them to approach treatment without feeling pressured.

One participant wrote:

"Made it very easy and I was absolutely prepared."

Another raised a concern that may be particularly relevant when working with veterans receiving disability benefits:

"I didn't feel pressure or fear, thinking that somehow this was going to affect my VA disability claim or status. It felt safe and it was very easy to understand the process."

Another described leaving the consultation with a different understanding of the potential value of treatment:

"In retrospect, the consultation made me feel confident that I was going to benefit in some way or another. Be it less pain, better sleep, or even more control over my PTSD. It was a win-win for me and my family, how could I not participate?"

The consultation therefore appears to have served several functions simultaneously: education, preparation, normalization of apprehension, clarification of expectations, and the creation of sufficient psychological safety for veterans to make their own decisions about treatment.

02

Restoring the Possibility of Change

For some veterans, the most important shift began before the procedure itself. It was the possibility that circumstances they had accepted as permanent might still be capable of changing.

One veteran said:

"It brought forth the thought that for the first time I might actually be looking at a solution to a problem I had come to the conclusion would be for life."

Another said:

"I felt like for the first time a medical provider actually cared about my quality of life."

Another described the conversation in just a few words:

"It gave me the push I needed to try again."

One participant described the shift this way:

"The idea that I'm not broken and that my PTSD symptoms could be mitigated, or at least increase my quality of life, really came from having the initial conversation with Doc Springer."

For veterans who have lived with symptoms for years or decades, hope itself can become complicated. Repeated treatment failures can make another intervention feel less an opportunity and more like another chance to be disappointed. The early feedback suggests that these trusted conversations before treatment helped some participants become willing to consider that meaningful change might still be possible.

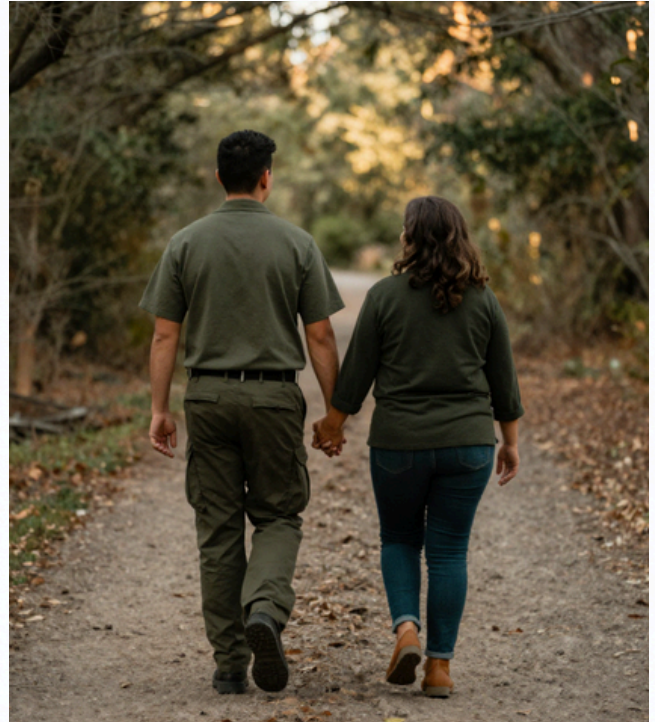
The Intervention: Dual Sympathetic Reset SGB

Following the consultation, veterans who elected to proceed received treatment through Stella.

Stellate ganglion block, or SGB, involves the injection of local anesthetic near the stellate ganglion, a collection of sympathetic nerves in the neck. The procedure has been used medicinally since the 1950s and has been used as an intervention for certain trauma-related symptoms.

The dual sympathetic reset approach used in this initiative involves treatment intended to influence sympathetic nervous system activity. In practical terms, the veterans often described the effect not in medical terminology, but in how different it felt to move through a world that had previously kept them constantly prepared to react rapidly and intensely.

They started getting good sleep for the first time in years. They expressed feeling calm and in control in their bodies. They talked about arguments that did not happen. They talked about pausing before reacting in anger. They talked about their spouses noticing. And talked to each other about realizing that they were behaving differently in situations that would previously have triggered a very different response.



What Veterans Said Changed “I Feel Like Myself Again”

One veteran described the experience this way:

“I feel like myself again. My only sadness is I wish I had heard about this 20 years ago. For 20 years, I’ve been meandering along doing all kinds of stuff that didn’t work.”

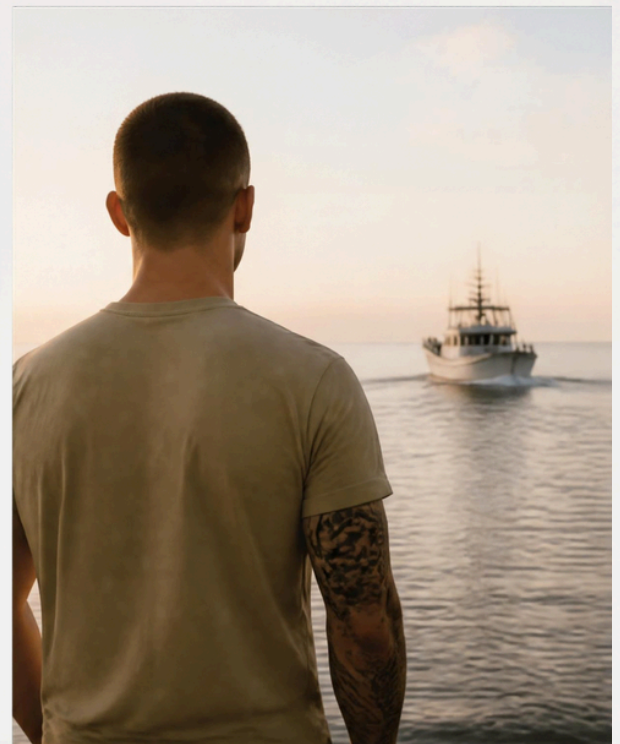
His family noticed the difference as well, describing him as calmer and happier.

He described his sleep as “amazing” and reported becoming better able to establish boundaries without experiencing the same sense that he needed to fight other people.

Perhaps more unexpectedly, he also described a change in how he valued his own safety.

When sailing, for example, he began bringing another person with him rather than taking long excursions alone without much concern about what might happen to him.

That observation captures something symptom measures may have difficulty detecting. The change was not simply, I feel less symptomatic. It extended into how he related to himself, his family, other people, and his own safety.





Sleep: An Immediate and Highly Salient Change

Improvement in sleep appeared repeatedly in veterans' reports.

One participant who had previously been waking between four and seven times each night reported:

“ Since then, I've been sleeping through the night much more consistently. I may wake up once or twice, but I'm getting significantly better and more restful sleep.

He added:

“ The improvement in my sleep alone has made a noticeable difference in how I feel throughout the day.

Another participant reported an unusually strong change immediately after his first right-sided SGB:

“ I had a good sleep with the lowest stress level and highest body battery recovery. I have recorded on my Garmin watch in 8 years of using it.

He described noticing a change during the procedure itself:

“ I could feel the nervousness in my body slowly dissipate as I received the injection.

He reported some tension returning later that evening, but at a substantially lower level than usual, and expressed optimism about continuing treatment:

“ I am looking forward to the second injection in two weeks and excited for the possibilities of continuing to feel better and to enjoy life more deeply.

This is an important example of why the qualitative component adds information beyond symptom scores. This participant was not simply reporting “better sleep.” He was connecting sleep, physiological recovery, reduced bodily nervousness, and the possibility of experiencing his life differently.





Changes Families Could See

Some of the most compelling observations came indirectly, through the people living with the veterans.

One participant wrote:

“ I’ve been married 20 years. My wife likes the new me a lot more. Like a lot more.

Another said:

“ Two grown kids at home and my wife all noticed the difference and that’s my biggest reward.”

These comments emerged spontaneously.

Veterans were not being asked whether their spouses had noticed a treatment effect. They were volunteering the information because their families’ reactions were meaningful to them.

This distinction is important.

Hyperarousal, irritating, poor sleep, anger, withdrawal, and rapid reactivity do not exist only within the individual experiencing them. They enter marriages. They affect parenting. They shape communication, conflict, intimacy, and the emotional climate of a household.

For some participants, the most meaningful indication that something had changed was not a questionnaire score. It was the reaction of the people who knew them best.

“ Untreated symptoms enter marriages. They affect parenting. They shape communication, conflict, intimacy...the emotional climate of a household. ”

Anxiety, Mood and Emotional Stability

Veterans also described broader changes in their emotional state.

The participant treated on September 10 and 11 reported:

“ My overall mood has also improved and seems to be getting better every day. I feel more emotionally stable and I’m not experiencing the same level of anxiety that I used to.

He also noticed a behavioral consequence:

“ I also don’t find myself blowing up at people nearly as much as I did before.

These descriptions suggest that participants were experiencing the change not only cognitively but physically: less tension, less readiness to react, less internal escalation, and greater ability to remain regulated when something difficult occurred.





Renewed Agency

Another theme emerged beneath the reports of better sleep and reduced reactivity.

Veterans began describing choice.

One veteran captured this particularly well:

'I feel like I'm finally able to take advantage of my years of experience and wisdom... It's empowering.'

That statement points toward something different from simply reducing symptoms.

Experience and wisdom were already present. What had changed was the veteran's perceived ability to access them in the moment.

Another participant offered the simplest possible summary:

"My SGB changed my life."

And one veteran, who described a longstanding pattern of wanting to escape from his circumstances, said:

I don't feel like running away anymore. It would've been my sixth time."

These accounts suggest that, for some participants, the intervention was experienced as more than symptom relief.

They described a restoration of perspective, deliberateness, and personal agency.





THIN LINE
— ADVISORY —



Why the Spontaneous Feedback Is Important

The qualitative findings from this initiative should be understood within their methodological limits as these comments were not collected through a controlled qualitative research protocol.

At the same time, the circumstances in which much of the feedback emerged make it particularly informative for understanding participants' lived experience.

- Many of these observations arrived as unsolicited messages after treatment.
- Others appeared in an ongoing group text conversation among the veterans themselves.
- Participants compared what they were noticing. They talked about their sleep. They described arguments that had not happened. They reported what their wives and children were saying. They described unexpected moments at work when they remained calm. They recognized changes in one another.

In other words, these were frequently not answers to the question:

"Did the treatment help you?"

They were veterans spontaneously telling one another:

"Something is different."

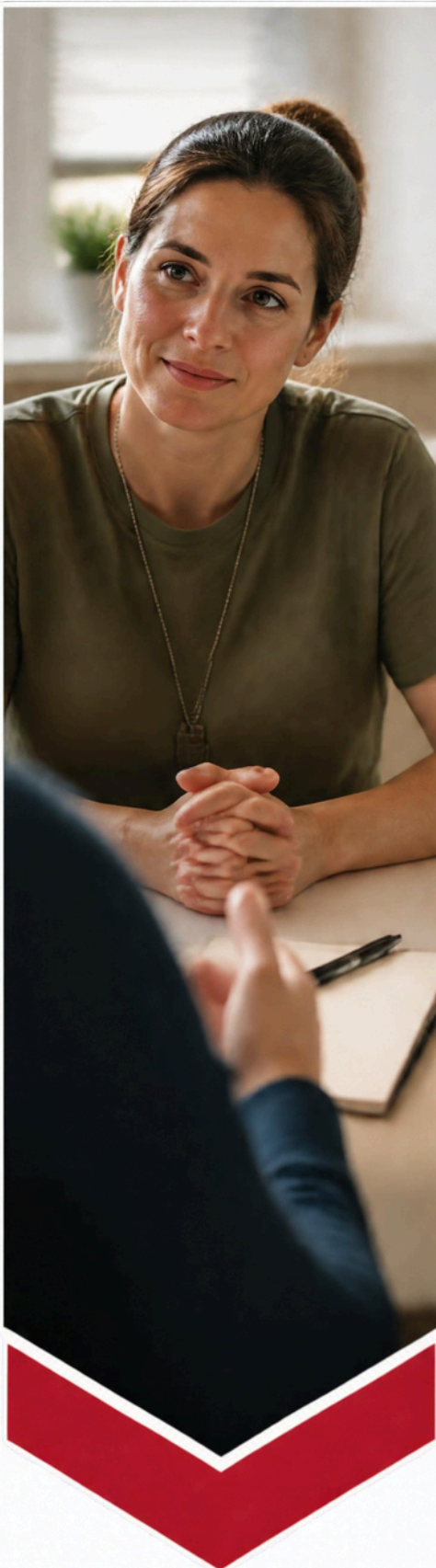
This distinction strengthens the qualitative story, given that these spontaneous conversations reveal where veterans themselves noticed the changes showing up in real life.



Early Program Lessons

Several early lessons emerged from the current phase of **THE RESET PROJECT**.

1. **Speed matters.** When veterans were ready to explore treatment, rapid personal engagement helped prevent another lengthy or impersonal referral experience.
2. **Trust matters.** Participants repeatedly emphasized the importance of talking with someone who understood veteran culture, understood the intervention, and could answer difficult questions without turning the conversation into another clinical assessment.
3. **Preparation matters.** A procedure involving injections in the neck understandably creates apprehension. Veterans reported that knowing what would happen, understanding why it was being done, and having an opportunity to discuss their concerns made the treatment considerably easier to approach.
4. **Sleep matters.** Improvements in sleep were among the most noticeable early changes described by participants, with veterans connecting better sleep to better functioning during the day.
5. **Family impact matters.** Spouses and children were noticing changes. For some veterans, their families' reactions became the most meaningful indication of progress.
6. **Functional change matters.** Veterans described more than changes in symptoms. They described setting boundaries differently, tolerating conflict, responding differently under stress, reconsidering unnecessary risk, functioning differently at work, and becoming more able to choose their responses.
7. **The pathway matters.** Funding a treatment is only one part of creating access. The human architecture **around the intervention**—who introduces it, how it is explained, how quickly veterans are contacted, whether they feel understood, and whether they trust the people guiding them into care—can influence whether veterans ever reach treatment at all.





Overall Impact



The Sabot Foundation's support through Infinite Hero Foundation made possible more than a series of procedures.

It created a pathway:

Referral → Trusted Conversation → Informed Choice → Treatment → Follow-Up

The quantitative outcome measures will provide an important assessment of program impact once the full pre- and post-treatment dataset is compiled.

The qualitative findings provide a different kind of evidence.

Veterans described sleeping through the night after previously waking repeatedly. They described anxiety and bodily tension diminishing. They described a new pause between activation and reaction. They described arguments that did not happen, rage that stopped rather than continuing for hours, greater calm under pressure, and families noticing that something was different.

They described becoming more thoughtful about their own safety.

They described feeling more capable of using the wisdom and experience they had accumulated over a lifetime.

They described feeling hope about circumstances they had believed they would simply have to live with forever.

And importantly, many of them described these changes without anyone asking them to.

They told Dr. Springer privately.

They told their spouses and families.

And they told one another.

One participant summarized his experience in five words:

“ My SGB changed my life. ”

The opportunity created by Sabot Foundation funding through Infinite Hero Foundation was not simply to make an intervention available.

It was to build a trusted pathway that allowed veterans to understand it, choose it, access it quickly, and then return to their lives and discover for themselves what—if anything—had changed.

Their early accounts provide a compelling picture of what some of those changes have looked like where they ultimately matter most:

in sleep, in relationships, in moments of conflict, in families, in daily functioning, and in the veteran's ability to decide what happens next.