The Missing Link Between Insight and Lasting Change

Introducing the C.A.L.M Framework for Practitioners Supporting Adult Children of Alcoholics and Adults Raised in Unpredictable Early Environments.

A Whitepaper by AEQUUS

Corey Casey|Founder

About the Author

Corey Casey is the founder of AEQUUS and creator of the C.A.L.M Framework™, a practical framework for developing regulated self-leadership. As an adult child of an alcoholic, she has spent years supporting fellow ACOAs in moving beyond survival responses and building lasting change. A qualified trauma-informed Mindbody Practitioner, Corey brings together lived experience with years of work in nervous system regulation, behavioural change and high-pressure corporate leadership, creating practical frameworks that bridge insight and lasting change.

1. Introduction

Some tiredness has nothing to do with sleep.

It belongs to the adult child of an alcoholic who has spent a lifetime reading rooms before they've finished walking into them, scanning a partner's tone, a boss's silence, a friend's slight delay in replying for the danger that used to arrive without warning.

They over-function, or they disappear.

They become the Hero who achieves their way to safety, the Scapegoat who absorbs the conflict so someone else doesn't have to, the Lost Child who survives by becoming invisible, the Mascot who keeps the peace through humour, or the Enabler who quietly holds everyone else's world together.

Different strategies.

The same purpose.

To create predictability inside an environment that was anything but predictable.

For many children growing up with alcohol dependence in the home, the greatest source of stress is not the alcohol itself. It is never knowing what will happen next.

Growing up with an alcohol-dependent parent often means growing up in an environment where the rules are constantly changing. A parent who is warm, playful and emotionally available one evening may be withdrawn, volatile or frightening the next. The child never knows which version of their parent they are coming home to.

The child cannot rely on consistency, so they begin relying on prediction instead. Every interaction becomes an attempt to answer the same question: *Am I safe?* They learn to scan tone of voice, facial expressions, body language and subtle changes in the emotional climate of the home, searching for clues about what might happen next. Over time, this constant monitoring is no longer something they consciously choose. It becomes the way their nervous system learns to keep them safe.

The survival roles that emerge within alcoholic families are not random personality traits. They are adaptive strategies developed in response to an environment where certainty was scarce and emotional safety could not be assumed.

Each role represents a different attempt to restore predictability, reduce threat or maintain connection in circumstances where a child's nervous system had very little control over what happened around them. Although the environment changes as the child grows into adulthood, the nervous system often continues operating from the same predictions, responding to present-day circumstances and relationships as though the original threat still exists.

Underneath each role sits the same quiet, exhausting question:

"What is wrong with me?"

This is not simply a question I have encountered professionally. It is one I carried myself for many years as the adult child of an alcoholic. It is also the question I have heard echoed by countless ACOAs throughout my years of coaching and education.

Many clients carry this question alone, not because they lack people around them, but because the rules that governed their childhood taught them that connection itself was unsafe.

Don't feel.

Don't trust.

Don't speak.

For many ACOAs, “don’t feel” can mean that difficult emotions are not only overwhelming, but unfamiliar territory. Anger, grief, fear and shame may have had little space to be safely expressed or processed, leaving some adults with limited capacity to acknowledge and remain present with these emotions when they arise.

For many practitioners, these three unwritten family rules are familiar. Less familiar is what it costs to continue living by them long after childhood has ended.

It looks like migraines that medical investigations cannot fully explain. It looks like gut disorders, chronic fatigue, autoimmune disease and sleep that never feels restorative. It looks like relationships are built around hypervigilance rather than safety. It looks like a nervous system that continues preparing for danger because it has never been taught that the danger has passed.

From the outside, these clients often appear highly capable.

They build careers, raise families, and achieve their goals.

They become the reliable employee, the supportive partner, the friend who always shows up.

Yet beneath that competence is frequently a nervous system that has never truly experienced enough safety to stop scanning, stop bracing or simply rest.

This is the client sitting in front of you.

And while practitioners have become increasingly skilled at helping these clients understand *what* happened to them, many continue asking the same question:

Why does someone with so much insight continue repeating the same patterns?

2. Executive Summary

Every practitioner has worked with the client who seems to understand everything.

They can explain their childhood. They recognise their attachment patterns. They identify their triggers before they happen. They can articulate, often with remarkable clarity, why they think, feel and behave the way they do.

Yet when life becomes stressful, overwhelming or emotionally demanding, they find themselves repeating the very patterns they came to therapy to change.

They people-please despite promising themselves they would set boundaries. They withdraw from healthy relationships. They become hypervigilant, perfectionistic, controlling or emotionally overwhelmed. Afterwards, they often express deep frustration.

"I knew what I was doing."

"I just couldn't stop myself."

For many practitioners, this is one of the most perplexing aspects of working with adult children of alcoholics and adults raised in chronically unpredictable environments. The client has insight. They are motivated. They engage fully in the therapeutic process. Yet meaningful behavioural change remains inconsistent, particularly under stress.

This paper proposes that the missing link is not more insight.

It is the development of sufficient physiological safety for insight to become accessible when it matters most.

Survival responses developed during childhood are not simply cognitive patterns to be understood. They are deeply learned physiological adaptations that continue to organise perception, behaviour and decision-making long after the original environment has disappeared. When those adaptations remain unaddressed, the nervous system continues prioritising protection over intention, often overriding the very insight the client has worked hard to develop.

This does not mean insight-based therapies are ineffective, far from it. Insight remains one of the most important components of healing. But insight alone does not consistently change a nervous system that still believes survival depends upon old protective strategies.

The C.A.L.M Framework was developed to bridge this gap.

Rather than replacing existing therapeutic modalities, C.A.L.M provides practitioners with a structured framework for helping clients recognise survival responses, build physiological regulation, strengthen self-leadership and translate therapeutic insight into sustainable behavioural change.

At its core sits a simple proposition:

> **We cannot consistently ask clients to choose differently while their nervous system still believes the old behaviour keeps them safe.**

When practitioners begin viewing repeated patterns through this lens, an important shift occurs. The question is no longer:

"Why isn't this client applying what they know?"

Instead, it becomes:

"What is this client's nervous system still trying to protect them from?"

That subtle change has profound implications for therapeutic practice. Because lasting change is rarely limited by a client's capacity to understand themselves and, more often, it is limited by their capacity to feel safe enough to come back to themselves.

3. The Physiology of Survival: What Happens Inside the Body When Survival Takes Over

---

The adult child of an alcoholic is sitting in front of you.

They tell you they know they should have spoken up.

They know the relationship is healthy.

They know their manager's feedback wasn't an attack.

They know setting boundaries is reasonable.

Yet when the moment arrived...

They froze.

They apologised.

They over-explained.

They said yes when they meant no.

Afterwards, they often ask,

"Why did I do that again?"

To answer that question, we need to understand what happened inside the body before the behaviour ever occurred. The behaviour is the final step in a physiological process that begins long before conscious thought.

When the nervous system detects something it predicts could threaten emotional safety, it doesn't wait for certainty.

It prepares for survival.

Within milliseconds, the sympathetic nervous system activates.

Heart rate increases.

Breathing becomes shallower.

Blood flow begins shifting away from long-term functions such as digestion and toward the muscles needed for protection. At the same time, the hypothalamus activates the HPA axis—the body's central stress response system.

The hypothalamus releases corticotropin-releasing hormone (CRH), signalling the pituitary gland to release adrenocorticotropic hormone (ACTH), which then instructs the adrenal glands to produce cortisol.

Cortisol is often described simply as "the stress hormone," but its role is far more sophisticated.

Its job is to help the body survive. It mobilises glucose to provide energy, and it suppresses systems that are unnecessary during immediate danger, including digestion, reproduction and aspects of immune function.

It sharpens attention towards potential threats while reducing the brain's capacity for broader, reflective thinking.

For someone facing genuine danger, this is remarkably adaptive.

For an adult child of an alcoholic whose nervous system has learned to predict emotional danger where none objectively exists, this same survival response can be triggered during an ordinary disagreement, constructive feedback or a difficult conversation.

This is why practitioners often observe clients describing experiences such as,

"I knew my partner wasn't angry, but my body reacted like they were."

or

"I knew I didn't need to apologise...but it came out before I even realised I was doing it."

These are not just simply habits.

They are physiological survival strategies unfolding in real time. As cortisol and adrenaline rise, the brain begins prioritising speed over accuracy, and the prefrontal cortex, the area responsible for reflection, planning, perspective-taking, emotional regulation and intentional decision-making, becomes less available.

Meanwhile, older survival circuits become increasingly dominant.

This is one reason insight often appears to "disappear" during moments of dysregulation.

It hasn't disappeared.

It has become less accessible.

The client does not suddenly forget everything they learned in therapy. Their nervous system temporarily prioritises survival over reflection.

The body makes the decision first.

The mind explains it afterwards.

Without this frame, the pattern gets read as a personal failing by the client first, and often by the systems around them. "I'm too much." "I'm not enough." "There's something fundamentally wrong with me that everyone else figured out how to fix and I didn't." This is not a client being dramatic or insufficiently insightful. This is the most natural conclusion available to someone who has never been handed the physiological explanation for what they're carrying.

(The physiological concepts presented throughout this section are grounded in research on early adversity, stress physiology, the HPA axis and allostatic load. A summary of the supporting literature is provided in Appendix A)

4. The Misread: Why This Gets Taken as Identity, Not Physiology

---

The cost of that misread is not abstract. It compounds shame on top of a nervous system already working overtime, adding a second burden: the belief that the dysregulation itself is evidence of brokenness.

It stalls even the most excellent insight-based work, because understanding a pattern with total clarity does not, on its own, teach a nervous system a new response. And it sets up the exact relapse practitioners see so often: a client who has made real, hard-won progress, who still finds themselves back in the old pattern the moment their body is under enough load, not because the work didn't take, but because the body was never directly brought into the work at all.

Correcting this misread takes more than telling a client it isn't their fault. It takes giving them, and the practitioner working alongside them, a working model of what's actually happening in the body, and a structured way to intervene at that level, in real time. That is the specific gap this paper exists to close.

5. Why Progress Stalls: When Insight Cannot Access Behaviour

One of the most common experiences practitioners describe is working with a client who appears to be making excellent progress in therapy. They understand the impact of their childhood, recognise the role they adopted within their family, identify their triggers before they occur and have developed language for their attachment patterns. Many describe feeling more self-aware than they have ever been. From both the client's perspective and the practitioner's, meaningful progress has been made.

Yet despite this insight, many continue finding themselves repeating the very behaviours they came to therapy to change. They apologise when they want to speak. They remain in relationships they know are unhealthy. They avoid conversations they have rehearsed repeatedly. They over-function until exhaustion, abandon their own needs to maintain harmony or find themselves shutting down in objectively safe situations. Afterwards, they often express frustration with themselves.

"I knew exactly what I was doing."

"I don't understand why I couldn't stop."

For practitioners, these moments can be equally confusing. If insight has increased, why hasn't behaviour changed? If the client understands the pattern, why does it continue to emerge, particularly in moments of stress?

The answer may lie in an assumption that is rarely questioned: that understanding and access are the same thing.

They are not.

Understanding is cognitive.

Access is physiological.

A client may fully understand the origins of their people-pleasing, recognise that conflict is not inherently dangerous, and genuinely want to respond differently. However, if their nervous system still predicts a threat, the physiological survival response begins before the conscious mind has the opportunity to implement what therapy has taught. By the time the client attempts to choose a different response, their body may already be operating from a survival state.

As discussed in the previous section, sympathetic activation occurs within milliseconds. The hypothalamus activates the HPA axis, stress hormones begin circulating throughout the body, heart rate increases, breathing becomes shallower, and attention narrows towards perceived threat. At the same time, access to the prefrontal cortex, the area of the brain responsible for reflection, planning, emotional regulation and intentional decision-making, becomes significantly reduced. This is not because these capacities have disappeared, but because the nervous system is prioritising survival over exploration.

The result is that the client's internal question subtly changes. Rather than asking, *"What response aligns with my values?"* the nervous system asks, *"What response has kept me safe before?"*

For many adult children of alcoholics, the answer has already been rehearsed thousands of times throughout childhood. Keep the peace. Avoid conflict. Say yes. Make yourself smaller. Take responsibility. Fix the problem. Leave before they leave you.

These responses are often interpreted as personality traits, coping mechanisms or unhealthy habits. Physiologically, they are highly efficient survival strategies that have become deeply embedded through repetition. The client is not always consciously choosing them. Their nervous system is retrieving the response that history has repeatedly taught is most likely to restore safety.

This distinction has profound implications for practice.

Clients frequently leave therapy believing they have somehow failed because they continue returning to behaviours they intellectually understand. Practitioners can unintentionally reach the same conclusion, assuming the client is resistant, avoidant or simply not yet ready for change. A physiological perspective offers a different explanation. The client has not failed to learn. Their nervous system has not yet learned that a different response is safe.

This is where insight reaches its natural limit.

Insight is one of the most valuable outcomes of the therapeutic process. It helps clients make sense of experiences that once felt chaotic. It allows them to understand that many of their behaviours are adaptations rather than flaws, replacing self-blame with understanding and reducing shame in the process. It also allows them to strengthen their vocabulary of the emotions they have struggled to feel and name for so long. Without insight, lasting change is difficult to achieve.

However, understanding a healthier response and being physiologically able to embody that response are not the same process.

One occurs through reflection.

The other occurs through experience.

A nervous system that has spent decades predicting danger cannot simply be instructed into feeling safe. It learns safety in much the same way it learned danger, through repeated lived experience.

Every boundary that does not end in rejection.

Every difficult conversation that does not lead to abandonment.

Every mistake that is met with compassion instead of shame.

Every moment a client remains present rather than defaulting to an old survival strategy.

This may also involve developing the capacity to experience, process and integrate emotions that were once too overwhelming or unsafe to express. For some clients, emotions may feel unfamiliar as well as intense; the work may begin with noticing bodily sensations, naming what is present, and gradually staying alongside the feeling with appropriate support.

Regulation is not about removing difficult emotion or returning to calm as quickly as possible. It is about expanding the capacity to remain present with what is being felt without becoming so overwhelmed that access to reflection and choice is lost. Emotional processing and integration take time, and should be paced to the client's capacity rather than treated as another task to complete.

These experiences provide the nervous system with new evidence. Gradually, prediction begins to change. The body learns that disagreement does not always lead to danger, that emotional expression does not inevitably result in rejection and that safety can exist even when discomfort is present.

From this perspective, nervous system regulation is not simply a collection of techniques designed to help clients feel calmer in the moment. It is the process through which the nervous system gathers enough repeated evidence to revise the predictions that have organised behaviour for decades.

Only then does the client gain reliable access to the insight they have often spent years developing.

This is the gap that many practitioners intuitively recognise but have struggled to describe.

The question is no longer whether insight matters.

It clearly does.

The more important question becomes:

How do we help clients remain connected to that insight when their survival response is activated?

It is this question that led to the development of the C.A.L.M Framework.

Rather than replacing existing therapeutic modalities, the C.A.L.M Framework was designed to complement them. It provides practitioners with a practical, structured approach for helping clients recognise survival patterns, develop physiological regulation, strengthen self-leadership and, ultimately, translate therapeutic insight into sustainable behavioural change.

The purpose of regulation is not simply to help clients feel calmer. It is to restore choice where survival once dictated the response.

Because lasting change does not occur when clients simply understand themselves better.

It occurs when they develop the internal capacity to access what they already know when their survival response is activated.

6. The C.A.L.M Framework: From Insight to Self-Leadership

If the missing link between insight and lasting change is the ability to remain connected to what we know when our survival response is activated, the next question becomes:

How do we help clients build that capacity?

This question led to the development of the C.A.L.M Framework.

C.A.L.M was developed through years of working across both coaching and corporate environments, where the same pattern continued to emerge. Whether supporting adult children of alcoholics or professionals working in high-pressure roles, the limiting factor was rarely a lack of knowledge, motivation or capability.

The challenge was maintaining access to those qualities when pressure increased.

The C.A.L.M Framework was designed to bridge that gap.

Rather than focusing solely on changing behaviour, the C.A.L.M Framework develops the internal capacity that makes different behaviour possible. It complements existing therapeutic approaches by providing a practical framework that helps clients recognise when their survival response has been activated, regulate their nervous system and reconnect with the insight they have already developed.

At its core, C.A.L.M is a framework for self-leadership.

Self-leadership is often misunderstood as confidence, discipline or personal accountability. While these qualities may emerge over time, they are outcomes rather than starting points.

Within the C.A.L.M Framework, self-leadership is defined as the ability to consciously choose and lead oneself, particularly when the nervous system is under pressure.

It is the capacity to notice automatic patterns without becoming consumed by them, regulate physiological activation, make decisions that align with personal values rather than survival predictions and respond intentionally instead of reacting automatically.

From this perspective, self-leadership is not a personality trait.

It is a capacity.

And like any capacity, it can be developed.

7. Applying the C.A.L.M Framework in Practice

The C.A.L.M Framework is designed to complement, not replace, existing therapeutic approaches. Rather than asking practitioners to change what they do, it provides another lens through which to understand survival physiology and strengthen clients' capacity for regulated self-leadership.

Across the Therapeutic Journey

Across the course of a client's journey, the C.A.L.M. Framework provides a roadmap for healing, building greater capacity for choice and developing self-leadership.

- **Confront the Pattern** – Recognise that behaviour can be shaped by past experiences, learned patterns, current environments, emotions, beliefs and nervous system state. The question isn't simply "Why do I behave like this?" but "What is driving this response?''
- **Anchor the Nervous System** – Develop the capacity to notice physiological activation and remain present with difficult emotions and sensations, at a pace the client can tolerate. This may include grounding, orienting, breathing, movement or other appropriate practices, alongside space to feel, process and integrate emotional experiences rather than suppressing them or rushing past them.
- **Lead the Self –** Build internal authority, self-trust and self-compassion. Help clients recognise the protective purpose of their patterns without defining themselves by them, and begin responding from their values and needs rather than from automatic survival strategies. This is not about blaming clients for what happened to them; it is about supporting their growing ability to influence what happens next.
- **Move with Intention –** Translate growing capacity into intentional action and build a solid foundation for moving forward. This can include practising boundaries, nurturing safe connection, creating supportive routines, and rest, movement and nourishment. Small, repeatable choices help clients build a life that supports their wellbeing and strengthens their capacity to meet pressure without being led by old patterns.

Building the Foundation for Lasting Change

The body is part of this process, not an obstacle to overcome.

Developing capacity may involve learning to recognise physical cues, making room for emotions, and allowing experiences to be processed and integrated over time.

Integration cannot be forced or rushed; clients may need space to reflect, feel, rest and revisit an experience as their capacity grows. Practitioners can support this process while working within their role, competence and the client's needs.

Rather than measuring progress by the absence of survival responses, the C.A.L.M. Framework helps practitioners recognise healing through the gradual development of greater internal capacity, increased choice and intentional self-leadership over time.

In the Therapy Room

While C.A.L.M. provides a developmental roadmap for healing and self-leadership, the journey is not linear. Clients may move between and revisit different stages of the framework as new patterns, experiences and challenges emerge. C.A.L.M. can therefore be used both as a guide across the broader healing journey and within individual therapeutic moments, depending on what the client needs at that time.

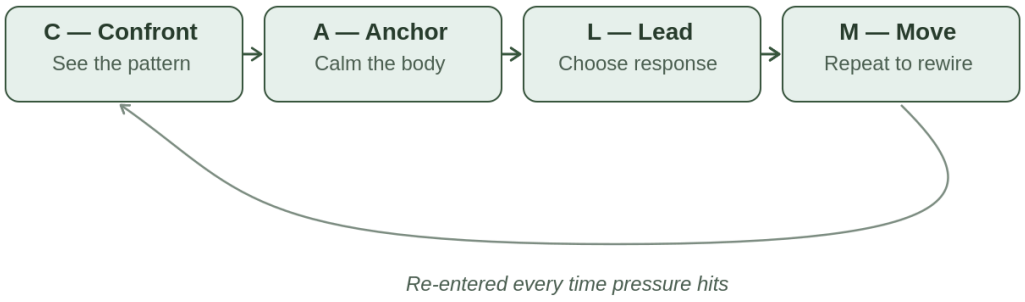
A client who has developed greater capacity for choice and strong self-leadership may still experience physiological activation during conflict, family interactions or unexpected triggers. In these moments, they may temporarily lose access to some of that capacity. Rather than viewing this as regression, the practitioner can return to **Anchor the Nervous System**, creating the conditions for the client to reconnect with greater capacity for reflection, choice and intentional response.

This does not mean every therapeutic moment must move towards regulation and action. At times, the work may be to stay with and process an emotion, explore what a response is communicating, or deepen understanding of a pattern. The stages of C.A.L.M. can be drawn upon fluidly according to what is happening for the client, rather than followed as a prescribed sequence.

This changes how moments of difficulty are interpreted within the broader healing journey. Progress is not measured by the absence of activation or automatic responses, but by the gradual development of greater awareness, internal capacity and choice in how the client responds to them.

Within the C.A.L.M. Framework, moments of activation are viewed as data, not failure. They can provide valuable information about what the nervous system still predicts as unsafe, what patterns remain active and where further investigation may be needed.

Rather than being evidence that therapy has stalled, these moments can become opportunities to deepen awareness, support regulation, process emotion, and strengthen the client's capacity to lead themselves with greater intention over time.



The following examples illustrate how the C.A.L.M Framework can be integrated alongside existing therapeutic approaches. They are not intended as prescriptive interventions, but as practical illustrations of how the framework shifts the practitioner's focus from behaviour alone to the survival physiology driving it.

C.A.L.M in Practice

1. Conflict with a Partner
Emma has spent several months exploring how growing up with an alcohol-dependent parent shaped her relationships.

Despite this insight, arguments with her partner continue to follow the same pattern. As conversations become emotionally charged, her heart begins to race, her body tenses, and she either becomes defensive and reactive or emotionally shuts down altogether. Afterwards, she often feels ashamed and says to her therapist,

"I don't even recognise myself when we argue."

Applying the C.A.L.M Framework

- **Confront** – Recognise Emma's reaction as a learned survival response rather than just a communication problem.
- **Anchor** – Build her capacity to recognise and regulate activation before it escalates, both in and beyond the therapy room.
- **Lead** – Reconnect Emma with the values and insight she already possesses once regulation has been restored so she can show up in a way she is proud of.
- **Move** – Support one small behavioural experiment, such as requesting a brief pause when she notices herself becoming activated.

Key Insight
The goal is not to eliminate conflict. It is to help clients develop the capacity to remain connected to themselves while conflict is occurring.

2. Hyper-Independence
Mark prides himself on never asking for help. He describes himself as fiercely independent, struggles to trust others and feels uncomfortable relying on anyone, including his partner. Although he longs for deeper connection, he consistently withdraws when relationships become emotionally close.

In session, he says,

"I've learned the only person I can rely on is myself."

Applying the C.A.L.M Framework

- **Confront** – Recognise hyper-independence as a learned survival strategy rather than a personality trait.
- **Anchor** – Build Mark's capacity to tolerate the discomfort that arises when relying on or becoming emotionally vulnerable with others.

- **Lead** – Reconnect him with the relationships he wants to build rather than the protection his survival response seeks.
- **Move** – Encourage one intentional step towards safe connection, such as asking for support with a small task or expressing a need to someone he trusts.

Key Insight
The goal is not to make clients more dependent on others. It is to help their nervous system discover that connection no longer has to mean danger.

8. A Different Way of Seeing

Perhaps the greatest contribution of the C.A.L.M Framework is not that it introduces another intervention. It is that it invites practitioners to see familiar behaviours through a different lens.

Seeing behaviour as an adaptation can also create a more compassionate starting point for change. Clients can acknowledge the impact of their past without being defined by it. The practitioner's role is not to move someone out of a 'victim' identity through pressure or judgement, but to support a gradual shift from shame and helplessness towards agency: recognising what happened, understanding what was learned, and building the capacity to choose what comes next.

When behaviour is viewed in isolation, people-pleasing can look like poor boundaries. Avoidance can look like resistance. Perfectionism can look like control. Hyper-independence can look like an unwillingness to connect. Yet when these same behaviours are understood as physiological survival strategies, the therapeutic conversation changes. The question is no longer, *"How do we stop this behaviour?"* It becomes, *"What has this nervous system learned to believe is necessary for survival?"*

That shift changes everything.

It changes the way practitioners interpret difficult sessions. It changes the way clients understand themselves. And ultimately, it changes what healing begins to look like.

Healing is no longer measured by whether clients stop becoming activated. Activation is part of being human. Instead, healing becomes the gradual expansion of a client's capacity to recognise activation, regulate it and remain connected to themselves while it is happening. This is the essence of self-leadership—not the absence of discomfort, but the growing ability to respond with intention rather than instinct.

For adult children of alcoholics, this represents something profoundly different from simply learning new coping strategies. It is the experience of discovering that the survival responses which once protected them no longer need to lead them. It is learning that insight can coexist with physiological safety, that

boundaries can exist without abandonment, that conflict can exist without catastrophe, and that uncertainty can exist without constant vigilance.

Perhaps most importantly, it is the realisation that there was never anything fundamentally wrong with them. Their nervous system simply learned exactly what it needed to survive the environment in which it developed.

The role of the practitioner is not to convince the nervous system it was wrong. It is to help it discover that it is finally safe enough to learn something new.

Lasting change begins when clients build self-awareness and develop the internal capacity to access what they already know, even when their survival response is activated.

9. Conclusion

Every adult child of an alcoholic has spent years adapting to an environment they never chose.

As practitioners, we have the privilege of helping them discover that those adaptations no longer have to define the rest of their lives.

If this paper has encouraged you to view survival responses through a different lens, I hope it also sparks new conversations within your own practice. The C.A.L.M Framework was created to complement the important work practitioners are already doing, and I look forward to continuing to explore how regulated self-leadership can help bridge the gap between insight and lasting change.

> **Understanding the past may begin the healing process. But developing the capacity to respond differently is what allows healing to continue.**

If you'd like to learn more about the C.A.L.M Framework, practitioner workshops or future AEQUUS publications, visit www.coreycasey.com or connect with us at contact@coreycasey.com

Appendix A: Research Basis

The concepts presented throughout this paper are informed by research across developmental neuroscience, stress physiology, trauma, attachment and the adult children of alcoholics literature. This appendix summarises the key bodies of evidence that underpin the physiological model presented throughout the paper.

1. Adult Children of Alcoholics: Family Roles and Family Rules

Supports Section 1

The family roles and unwritten family rules described throughout this paper originate from the foundational clinical literature on families affected by alcoholism. These models describe the adaptive strategies children develop to create safety, predictability and connection within highly unpredictable family environments.

Key references

- Black, C. *It Will Never Happen to Me: Growing Up with Addiction as Youngsters, Adolescents, and Adults.*
- Wegscheider-Cruse, S. (1981). *Another Chance: Hope and Health for the Alcoholic Family.* Science and Behavior Books.

2. Early Adversity, Threat Detection and the Developing Nervous System

Supports Sections 1 and 3

The physiological model presented in this paper is grounded in research demonstrating that early exposure to unpredictable or unsafe environments can shape the development of the nervous system. Studies consistently show associations between childhood adversity and heightened threat detection, altered amygdala activation and changes in prefrontal regulation that may persist into adulthood.

Key references

- Duda, J. M., et al. (2025). *Exposure to unpredictable childhood environments is associated with amygdala activation during early extinction in adulthood. Developmental Cognitive Neuroscience, 74*, 101578.
- Dell'Acqua, C., et al. (2025). *Adverse childhood experiences and internalising symptoms: the moderating role of neural responses to threat. Neurobiology of Stress.*
- Jin, L., Xia, H., & Sun, L. (2026). *Global research landscape, knowledge structure, and emerging trends in adverse childhood experiences and personality disorders: A bibliometric analysis. Frontiers in Psychiatry, 17*.

3. The Stress Response System: Cortisol, the HPA Axis and Allostatic Load

Supports Section 3

Section 3 explains how repeated activation of the stress response influences physiology and behaviour. The interaction between the sympathetic nervous system and the hypothalamic-pituitary-adrenal (HPA) axis, together with the concept of allostatic load, provides the physiological basis for the model presented in this paper.

Key references

- McEwen, B. S. (1998). *Protective and damaging effects of stress mediators. New England Journal of Medicine, 338*(3), 171-179.
- Goldstein, D. S. (2021). *Stress and the "extended" autonomic system. Autonomic Neuroscience, 236*, 102889

4. Chronic Stress, Immune Dysregulation and Long-Term Health

Supports Sections 1 and 3

The long-term health consequences discussed throughout this paper are informed by research examining the relationship between chronic stress physiology, HPA axis dysregulation and immune functioning. This body of literature provides evidence linking prolonged stress exposure with inflammatory and autoimmune processes.

Key references

- Gutierrez Nunez, S., Peixoto Rabelo, S., Subotic, N., Caruso, J. W., & Knezevic, N. N. (2025). *Chronic Stress and Autoimmunity: The Role of HPA Axis and Cortisol Dysregulation. International Journal of Molecular Sciences, 26*(20), 9994.

5. About the C.A.L.M Framework

The C.A.L.M Framework™ is the original intellectual property of AEQUUS.

It is informed by the bodies of research outlined above while integrating lived experience, trauma-informed nervous system regulation, behavioural change and practical application across both practitioner and corporate settings. The framework is intended to complement existing therapeutic approaches by providing a practical structure for developing regulated self-leadership.