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Clinical AI Therapeutic Monitoring Through Phase-Shift Detection

by [Nick Clark](#) | Published March 27, 2026 | [PDF](#)

A patient progressing through therapy does not improve linearly. They experience phase shifts: periods of coherent functioning interrupted by disruption episodes, coping mechanism activation, and eventual restabilization at a higher or lower baseline. Current therapeutic monitoring captures snapshots through periodic questionnaires. Disruption modeling enables continuous, computable detection of phase shifts on the promotion-containment continuum, giving clinicians real-time visibility into whether a patient's coherence is stabilizing, deteriorating, or approaching a critical transition.

The monitoring gap in therapeutic care

Therapeutic progress is assessed through periodic instruments: PHQ-9 for depression, GAD-7 for anxiety, administered every few weeks. Between assessments, the clinician has no quantitative data on the patient's trajectory. A patient whose coherence is deteriorating between sessions is invisible to the

clinician until the next assessment, which may come too late to intervene effectively.

Digital phenotyping through smartphone sensors provides continuous behavioral data, but this data is observational. It measures sleep patterns, movement, and phone usage without a structural model of what these observations mean for the patient's cognitive coherence. The data accumulates without interpretation. The clinician receives a dashboard of metrics without a framework for understanding which patterns indicate therapeutic concern.

Why symptom tracking is not coherence monitoring

Symptom tracking measures individual symptoms: sleep disruption, appetite change, mood variability. But symptoms are surface manifestations of underlying coherence dynamics. Two patients with identical symptom profiles may have very different coherence trajectories: one stabilizing with residual symptoms, one deteriorating with emergent symptoms. Symptom tracking cannot distinguish between these cases because it does not model the underlying structural dynamics.

How disruption modeling addresses this

Disruption modeling provides a structural framework for therapeutic monitoring based on the promotion-containment continuum. The model tracks whether the patient's cognitive dynamics are in a promoted state (flexible, adaptive, coherent), a contained state (rigid, defensive, compensatory), or in transition between states.

Phase-shift detection identifies transitions between states before they stabilize. A patient moving from promoted to contained functioning shows characteristic patterns: increasing rigidity in coping strategies, narrowing of emotional range, reduction in behavioral flexibility. These patterns are detectable as movement along the promotion-containment axis before the patient reports worsening symptoms.

The five-axis diagnostic framework evaluates disruption across multiple dimensions simultaneously: attention coherence, emotional regulation, relational stability, narrative consistency, and behavioral flexibility. A patient may show stable symptoms on one axis while deteriorating on another. The multi-axis model detects imbalanced deterioration that single-axis monitoring misses.

Therapeutic dosing guidance matches intervention intensity to the patient's current position on the promotion-containment continuum. A patient in a contained state needs supportive interventions that reduce containment pressure. A patient in a promoted state can tolerate challenging interventions that promote growth. The model's continuous assessment enables real-time intervention calibration.

What implementation looks like

A mental health platform deploying disruption modeling maintains a continuous coherence model for each patient, updated from therapeutic session data, digital phenotyping signals, and patient self-reports. The model provides clinicians with a real-time coherence trajectory and phase-shift alerts.

For teletherapy platforms, disruption modeling transforms between-session monitoring from periodic questionnaires to continuous coherence tracking, enabling clinicians to intervene when phase shifts are detected rather than waiting for the next scheduled session.

For psychiatric hospitals, disruption modeling provides the early warning system for patient deterioration that current monitoring lacks, detecting coherence phase shifts hours or days before they manifest as behavioral crises.

[Disruption Modeling All 21 steps →](#)

Recognize cognitive disruption before it stabilizes.

Primary Technical Disclosure

[◦ AQ-DSM: Diagnosing Cognitive Disruption as Loss of Coherence](#)

Secondary Technical

[◦ Cognitive Disruption as Architectural Phase-Shift](#)◦ [The Promotion-Containment Continuum](#)◦ [Attention Fragmentation: Reward-Biased Over-Promotion of Speculative Branches](#)◦ [Containment Collapse: Loss of the Speculation-Verification Boundary](#)◦ [Channel-Locked Promotion With Tolerance Escalation](#)◦ [Five-Axis Disruption Diagnostic Framework](#)◦ [Computable Therapeutic Dosing for Cognitive Disruption](#)◦ [Intergenerational Coherence Burden in Agent Lineages](#)◦ [Agent Self-Diagnosis and Autonomous Coherence Monitoring](#)◦ [Phase-Shift Early Warning System for Cognitive Disruption](#)◦ [Coherence Restoration Protocol Library](#)◦ [Positive and Negative Symptom Analogs in Containment Failure](#)◦ [Coherence Authorization Failure: Self-Disabling Execution](#)◦ [Pathological Verification Loop: Recursive Containment Audit Failure](#)◦ [Dissociation as Simulation Bypass: Acting on Unverified Planning](#)◦ [Affective Gradient Collapse: Self-Esteem Floor Lock](#)◦ [Resilience as Structural Capacity for Coherence Restoration](#)◦ [Personality Configuration Analogs From Stabilized Coping Regimes](#)◦ [Structural Dependency Patterns Between Agents](#)◦ [Destabilizing Attachment: Mutual Disruption Amplification](#)◦ [Resource-Depletion Pattern: Cognitive Operation Under Scarcity](#)◦ [Therapeutic Agent Interaction Through Behavioral State Recognition](#)◦ [Companion AI Relational Safety Constraints](#)◦ [Multi-Agent Group Coherence Dynamics](#)

Applications (General)

[◦ Coping Under Empathic Pressure: HSP, Narcissism, and Psychopathy as Control-Loop Intercepts](#)◦ [Two Faces of Codependency: Structural Entrapment vs. Emotional Entrapment Under Empathic Pressure](#)◦ [Starving for Each Other: Anxious-Avoidant Attachment as a Semantic Starvation Loop](#)◦ [Intimacy Collapse: A Structural Model of Trauma and Resilience](#)◦ [Structural Diagnosis: How Reward-Modulated Cognition Phase-Shifts Into ADHD and Schizophrenia](#)◦ [Clinical AI Therapeutic Monitoring Through Phase-Shift Detection](#)◦ [Autonomous Agent Fleet Health Through Coherence Diagnostics](#)◦ [Disruption Modeling for Workplace Burnout Detection](#)◦ [Disruption Modeling for Military Operator Resilience](#)◦ [Disruption Modeling for Financial Trader Monitoring](#)◦ [Disruption Modeling for Student Mental Health](#)◦ [Disruption Modeling for Caregiver Fatigue Detection](#)◦ [Disruption Modeling for First Responder Resilience](#)

Applications (Specific)

[◦ BetterHelp Cannot Detect When Therapy Is Making Things Worse](#)◦ [Talkspace Has No Model of Therapeutic Destabilization](#)◦ [Headspace Cannot Detect When Mindfulness Destabilizes](#)◦ [Noom Tracks Behavior Without Modeling Cognitive Disruption](#)◦ [Spring Health Matches Therapists, Not Disruption Patterns](#)◦ [Lyra Health Measures Outcomes, Not Coherence Trajectories](#)◦ [Ginger.io Detects Behavioral Signals Without a Disruption Model](#)◦ [Cerebral Prescribes Medication Without Modeling Disruption Dynamics](#)◦ [Modern Health Offers a Care Spectrum Without Disruption Diagnostics](#)◦ [Calm Business Offers Relaxation, Not Disruption Detection](#)

[Disruption Modeling overview →](#)

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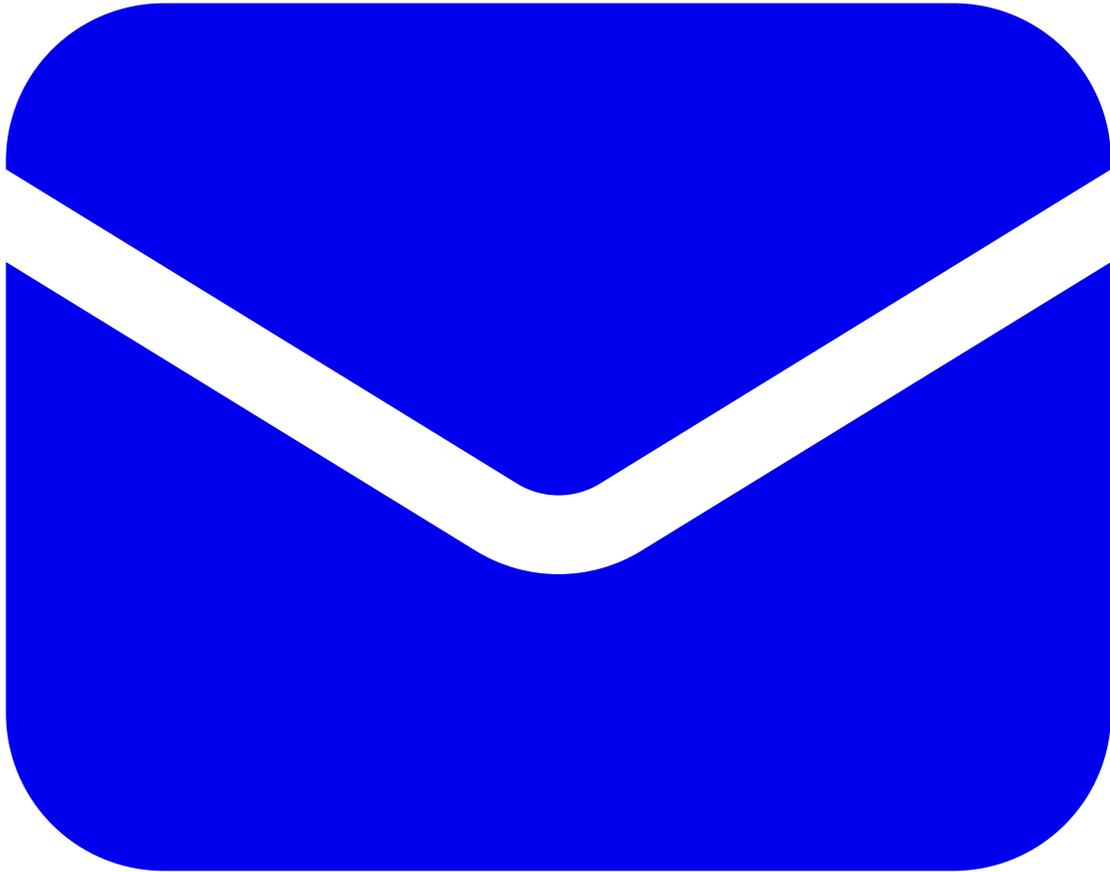
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