Computable Therapeutic Dosing for Cognitive Disruption

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Interventions for cognitive disruption follow the same structural logic as pharmaceutical dosing: they have magnitude, frequency, duration, and withdrawal characteristics. Computable therapeutic dosing formalizes this by modeling every intervention as a governance-bounded interaction with explicit parameters for dose, schedule, contraindications, and tapering. The intervention itself becomes a governed, auditable, and adjustable treatment protocol.

What It Is

Computable therapeutic dosing models cognitive interventions as parameterized interactions. The dose specifies the magnitude of the intervention: how much the affected cognitive parameters are adjusted per treatment session. The frequency specifies how often interventions occur. The duration specifies

the treatment window. Withdrawal parameters specify how intervention is tapered to prevent rebound effects.

Why It Matters

Unparameterized intervention risks both under-treatment (insufficient dose to produce regime change) and over-treatment (excessive intervention that produces new disruption patterns). Dosing formalization ensures that interventions are calibrated to the specific disruption and adjusted based on measurable response.

How It Works

The dosing protocol specifies the cognitive parameters to be adjusted, the magnitude of adjustment per session, the session schedule, and the monitoring metrics that determine dose adjustment. Each treatment session records the applied dose, the measured response, and any side effects. The protocol is adjusted based on accumulated treatment data using the same forecasting engine that governs all agent planning.

What It Enables

Computable dosing enables evidence-based cognitive intervention. Treatment protocols can be compared, optimized, and replicated across agents with similar disruption profiles. The treatment history is fully auditable, enabling clinical-grade accountability for cognitive interventions. Withdrawal protocols prevent abrupt cessation effects that could produce new disruption patterns.

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 →
AQ
deterministic
autonomy

Legal

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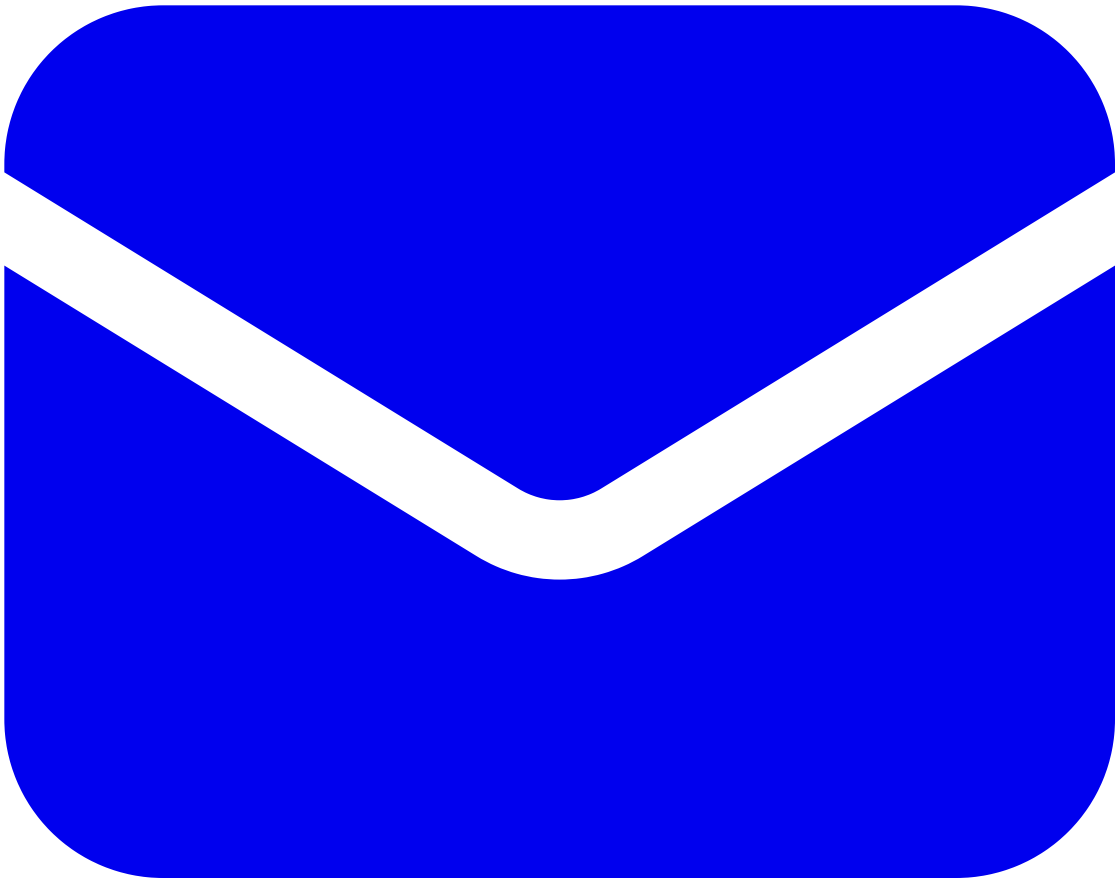

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