# Kinri Diagnostic Logic – Source Foundations & Clinical Justification

This document outlines the foundational sources, frameworks, and theoretical models that underpin Kinri’s diagnostic logic. It is designed to show transparency in how conditions are scored, where mappings originate, and how lived experience complements clinical standards.

## 1. Core Diagnostic References

Kinri draws its structural mapping and symptom-diagnosis logic from the following foundational frameworks:

- DSM-5 (APA, 2013)

- ICD-11 (World Health Organization, 2022)

- NICE Guidelines (UK, 2023)

- WHO Mental Health Gap Action Programme (mhGAP)

Each diagnostic pattern (e.g., ADHD, Autism, BPD, CPTSD) is modeled initially on the symptom clusters defined in these systems. Kinri respects these formal structures, but does not replicate their exact diagnostic gates.

## 2. Augmentations & Enhancements

To build a diagnostic logic system that reflects lived human complexity, Kinri includes:

- Trauma-informed reinterpretations (e.g., rejection sensitivity, emotional flashbacks, fawn responses)

- Neurodivergent insights from lived experience and advocacy spaces (e.g., masking, time blindness)

- Hormonal-linked variables (e.g., PMDD vs BPD emotional cycles)

- Nervous system-informed framing (e.g., shutdown, overstimulation, interoceptive lag)

These augmentations are not present in most formal diagnostic systems, but they reflect real-world overlaps clinicians frequently encounter and users often report.

## 3. Where Kinri Improves Diagnostic Representation

Kinri addresses the following diagnostic blind spots commonly found in conventional systems:

- Underrepresentation of female, ND, or trauma-impacted presentations

- False separation of overlapping conditions (e.g., CPTSD vs BPD, ADHD vs GAD)

- Lack of cyclical context in emotional regulation (e.g., PMDD)

- Absence of masking, sensory issues, and interoceptive disruption in non-Autistic diagnoses

Echo’s follow-up branches, vault card suggestions, and compare view logic all help mitigate these blind spots by prompting nuance and reflection instead of binary sorting.

## 4. Clinical Review Pathway

Kinri is built with transparency in mind. Our JSON structure allows for traceable logic, modular weighting changes, and scoring audits. Clinicians are invited to participate in validating, critiquing, or suggesting rebalancing of specific symptom maps or weight values.

We recognize the limits of both AI and static frameworks. Our goal is to build something that is always evolving toward greater clarity and safety — not toward diagnostic authority.