# Triadic Frameworks for Mental Health: The Transformative Potential of Triadic Framework Technology (TFT) in Diagnosis, Treatment, and Systemic Reform

## Introduction

The mental health landscape in the 21st century is at a crossroads. While advances in neuroscience, psychology, and digital therapeutics have broadened our theoretical and technological reach, persistent challenges in diagnosis, treatment planning, pharmaceutical development, and trust between clinicians and patients thwart our capacity to deliver truly effective, personalized care. Traditional models-rooted in dyadic interactions between patient and clinician or simplistic input-output paradigms-cannot account for the complexity of human cognition, interpersonal relationships, and systemic factors influencing mental well-being. As clinical diagnostics rely heavily on subjectivity and trial-and-error medication, and as healthcare systems struggle with fragmentation and distrust, the need for a paradigm shift becomes inescapable.

**Triadic Framework Technology (TFT)** has emerged as a revolutionary approach drawing from the theoretical legacy of triadic models-such as Beck’s Cognitive Triad, Family Systems Theory, Shared Decision-Making, Self-Compassion Pathways, and the Theory of Triadic Influence-and extending them into the digital, AI-enhanced realm. TFT proposes that complex, multivariable mental health phenomena are best modeled and influenced not by linear or binary frameworks, but by dynamic systems of three (or more) interacting elements. Through AI-assisted diagnostics, treatment planning tools, and pharmaceutical simulations, TFT can potentially transcend the limitations of traditional speculation-based practice, radically enhancing care precision and outcomes.

This paper systematically explores the historical and theoretical foundations of triadic frameworks, critiques current diagnostic and therapeutic processes, examines trust disconnects in clinical care, and charts the transformative role of AI-assisted triadic tools in mental health. It also details the emerging business case for TFT, particularly for pharmaceutical developers and insurance companies, while outlining practical reforms and opportunities for developers and ecosystem stakeholders.

## Theoretical Foundations of Triadic Framework Technology (TFT)

### The Legacy of Triadic Models in Mental Health

### Aaron Beck's Cognitive Triad

Aaron Beck’s work in the 1960s ushered in a seismic shift in clinical psychology and psychiatry by positing that depression and related mood disorders are underpinned by a **cognitive triad**: negative beliefs about the self, the world, and the future12. Beck observed that patients suffering from depression exhibited characteristic patterns-“automatic, spontaneous and seemingly uncontrollable negative thoughts”-that rotated around three axes:

* **Self**: “I’m worthless, incompetent, unlovable.”
* **World**: “The world is unfair, dangerous, disappointing.”
* **Future**: “Nothing will ever get better; all hope is lost.”

The interaction of these beliefs creates a self-reinforcing cycle of despair and inaction. The cognitive triad was incorporated into cognitive behavioral therapy (CBT), which became one of the most empirically validated psychotherapeutic methods. Modern assessment tools-such as the Beck Depression Inventory (BDI) and Beck Hopelessness Scale-are structured around the triad, measuring negative cognition in all three domains.

Beck’s model’s power lies in its triadic logic: states of mind are rarely binary or purely internal or external; rather, they exist as emergent phenomena from the interaction of at least three domains. This insight not only permits more nuanced clinical assessment but sets the stage for frameworks that account for multi-level complexity in human psychology.

### Family Systems Theory

Family Systems Theory, developed by Murray Bowen and colleagues in the 1950s and 1960s, introduced a second major triadic foundation for mental health intervention34. This systems approach critiques the focus on isolated individuals; instead, it views families and close social groups as emotionally interconnected units. Surpassing linear cause-effect models, Family Systems Theory highlights **triangulation**, the process by which two family members in tension draw in a third to mediate or deflect conflict. Bowen observed that such triangles are the basic building blocks of emotional systems, with families exhibiting predictable patterns of differentiation, enmeshment, and emotional cutoff as anxiety rises.

This triadic understanding extends into therapy: interventions that target one node of the triad (e.g., improving boundaries between parent and child) inevitably shift the dynamics among all parties, creating systemic change. Family systems diagrams (genograms) and dynamic mapping continue to form the bedrock of clinical training.

### The Theory of Triadic Influence (TTI)

Further broadening triadic approaches, the Theory of Triadic Influence (TTI)-developed by Flay, Snyder, and Petraitis-integrates streams of influence from intrapersonal (personal), interpersonal (social), and cultural-environmental domains5. Each stream is subdivided into cognitive and affective sub-streams, generating a multidimensional grid of health behavior determinants. TTI posits that health-related behaviors are shaped not just by immediate cognitive factors but by distal and ultimate causes stretching across personal, social, and cultural landscapes. The theory was expressly designed to offer a comprehensive framework for health behavior change, serving as the foundation for health promotion programs, research on substance use, and mental health interventions.

### Recent Developments in Triadic Models

**Shared Decision-Making:** The triadic logic has found renewed relevance in contemporary practice through Shared Decision-Making (SDM). Traditional mental health care often involved the patient and clinician in a dyad; SDM expands this to include a third node, frequently a caregiver or family member, in the consultation process67. This approach is gaining ground as studies increasingly demonstrate that involving caregivers leads to better adherence, fewer relapses, and improved patient satisfaction.

**Self-Compassion Pathways:** The field of self-compassion research, particularly as synthesized by Neff and Sirois, conceptualizes psychological well-being around three synergistic dimensions: self-kindness vs. self-judgment, common humanity vs. isolation, and mindfulness vs. over-identification89. These axes echo the triadic approach-sustained mental health is viewed as emerging from the harmonious interplay of these domains, rather than from a linear focus on symptom reduction.

## Critique of the Current Diagnostic Process in Mental Health

### Diagnostic Error: Prevalence, Causes, and Systemic Issues

The diagnostic process in mental health is notably fraught with speculation, ambiguity, and delay. Unlike somatic medicine, psychiatry and psychology lack objective biomarkers for most conditions; thus, diagnosis depends on clinical interviews, behavioral observations, and sometimes self-report or collateral data1011. This inherent subjectivity gives rise to several problems:

* **High Error Rates:** Studies reveal substantial rates of missed, delayed, or incorrect diagnoses, leading to poor outcomes. For instance, delayed diagnosis of bipolar disorder is linked to more frequent relapse and increased hospitalizations; in one study, patients consulted an average of five clinicians before receiving a correct diagnosis12.
* **Cognitive Biases:** Clinicians are susceptible to cognitive errors-arbitrary inference, selective abstraction, overgeneralization, etc.-that align closely with distortions identified in Beck’s triad. Such biases are exacerbated under time pressure and high clinical demand, leading to systematic errors.
* **Diagnostic Disparities:** Social determinants (e.g., ethnicity, socioeconomic status) influence diagnosis accuracy. Evidence shows that Black men are more likely to be misdiagnosed with schizophrenia, even when expert review diagnoses mood disorders, suggesting entrenched bias in clinical cognition.
* **Over-Reliance on Trial-and-Error Medication:** Lacking precision, many clinicians resort to “pill roulette”-cycling patients through successive medications until a favorable (or less harmful) response is achieved. Large-scale evidence reveals this approach to be inefficient, often leading to unnecessary side effects and loss of patient trust.
* **Limited Integration and Siloed Care:** The absence of integrated, multi-variable data synthesis means clinicians often fail to see the systemic context of a patient’s mental health, leading to fragmented treatment plans.

**Table: Key Shortcomings of Traditional Diagnostic and Treatment Planning Approaches**

|  |  |  |
| --- | --- | --- |
| Domain | Traditional Approach | Key Shortcomings |
| Diagnosis | Clinical interview, self-report, vignettes | Subjective, cognitive biases, high error rates |
| Treatment Planning | Trial-and-error medication selection | Inefficiency, side effects, delayed remission |
| Drug Development | Single-drug, placebo-controlled trials | Costs, lack of multi-drug interaction modeling |
| Care Coordination | Dyadic, clinician-patient focus | Missed systemic factors, limited shared planning |

While incremental improvements-checklists, structured interviews, consensus panels-have helped, they remain reactive rather than predictive. There is an urgent need for more systemic, dynamic, and data-integrated diagnostic models.

## Trust Disconnect Between Clinicians and Patients

Trust is foundational to clinical care; it underpins patient engagement, adherence, and therapeutic alliance1314. However, recent research and clinical practice reveal a **trust disconnect** in mental health:

* **Patients’ Perspective:** Patients increasingly report skepticism regarding the accuracy of diagnoses and the individualized attention paid to their unique experiences14. Mistrust is especially acute among marginalized groups who have faced historic bias or have experienced repeated “medication roulette.”
* **Clinicians’ Perspective:** Clinicians, conversely, face cognitive overload, time pressure, and system-driven imperatives that can push relationship-building to the background. Some studies reveal that clinicians rely on “tick-box” measures and rigid protocols at the expense of relational depth and empathy14.
* **Systemic Factors:** Health care consolidation, workflow-driven metrics, and increasing automation risk further subverting the centrality of trust. Clinical focus has shifted to disease treatment rather than holistic patient evaluation-leading to decreased perceptions of health care system trustworthiness14.

**Consequences of Mistrust:**

* Lower adherence to treatment
* Higher rates of dropout
* Reluctance to share sensitive information
* Decreased willingness to participate in collaborative or experimental interventions

Rebuilding trust thus emerges as a critical priority-and one in which technology, if applied carefully, can play a pivotal role.

## From Dyads to Triads: AI-Assisted Triadic Diagnostic and Treatment Tools

### The Shift: From Linear to Triadic, Data-Driven Models

Traditional models in mental health practice and technology have often failed to integrate the complexity and dynamism inherent in mental health phenomena15. The rise of Triadic Framework Technology (TFT) signals a move from:

* Linear diagnosis (“this symptom leads to that disorder”)
* Dyadic relationships (“clinician-patient”)
* Unimodal data (“symptom checklist”)

to

* Multivariate, triadic models (“symptom, context, and trajectory”)
* Networked, systemic care involving patient, provider, and caregivers
* Integrated, multimodal data analyzed by AI for pattern recognition and prediction

### AI-Assisted Triadic Diagnostic Tools

Advances in artificial intelligence, particularly in natural language processing and predictive analytics, have equipped mental health with tools that can:

* Integrate data from clinical interviews, behavioral observations, genetic/biometric data, and collateral (family, social, cultural) information1617.
* Model not just symptom clusters, but **triadic relationships**-how personal history, environmental context, and present cognition interact to generate mental states.
* Predict with greater accuracy the likelihood of specific diagnoses and trajectories; for example, using machine learning models that analyze text from therapy notes or speech patterns to identify risk for depression or psychosis.

**Resonance AI Tools**, as being developed in public and open research such as the TriadicFrameworks repository, employ triadic modeling to parse multidimensional input data, calibrating diagnostic certainty not just by binary criteria but by resonance across three or more axes18.

**Table: Traditional “Guessing” Diagnosis vs. TFT-Enhanced Resonance AI**

|  |  |  |
| --- | --- | --- |
| Step | Traditional (Speculation-Based) | TFT-Resonance AI (Triadic) |
| Clinical Assessment | Interview + rating scale | AI-integrated, multi-source data harmonized |
| Diagnostic Decision | Single-clinician judgment, checklists | Triadic resonance across symptoms, context, hx |
| Confidence/Accuracy | Subject to bias and error | Quantified confidence based on triadic fit |
| Output | Binary/one-label diagnosis | Multidimensional, probability-weighted result |

**Analysis:** TFT diagnostic tools are non-reductionist-they account for the interaction of personal, environmental, and behavioral variables. Case studies demonstrate such tools can detect subtle mood changes and high-risk patterns invisible to unaided clinicians, and adjust risk prediction in real-time with incoming data, reducing both false positives and negatives17.

### AI-Assisted Triadic Treatment Planning Tools

The challenge of “pill roulette”-cycling through medications with only incremental adjustments-has plagued psychiatry for decades. AI-assisted triadic treatment planning tools-such as the AI Medical Matrix-transform this scenario:

* Machine learning analyzes historical treatment responses, pharmacogenetic data, and dynamic patient-reported outcome measures1920.
* The models incorporate at least three interactive data streams: patient biology, condition trajectory, and environmental/lifestyle variables.
* Outputs prioritize **personalized, evidence-driven interventions**, with predicted efficacy, side effect profiles, and compatibility with existing medications.

Such systems also facilitate shared-decision making by presenting patients, clinicians, and (when desired) caregivers with transparent risk-benefit analyses, thus enhancing engagement and trust6.

**Table: Pill Roulette vs. TFT Medical AI Matrix Tools**

|  |  |  |
| --- | --- | --- |
| Feature | Traditional Pill Roulette | TFT Medical Matrix |
| Medication Selection | Trial sequential monotherapies | AI-recommended triadic combos |
| Personalization | Limited; based on symptom clusters | High; integrates bio/psych/env |
| Side Effect Prediction | General estimate | Individualized, data-driven |
| Monitoring | Periodic, manual | Continuous, algorithmic |

**Elaboration:** TFT medical matrix tools not only suggest better initial prescriptions, but also continuously update recommendations as new data emerge (e.g., adverse drug responses, efficacy markers, patient preferences), moving psychiatry from reactive to proactive care20.

### Triadic Simulations in Pharmaceutical Testing

Another paradigm-altering application lies in pharmaceutical testing and development:

* **Traditional trials** are single-drug, placebo-controlled, costly, and often neglect the reality of polypharmacy in clinical populations21.
* **TFT-based triadic simulations** use AI to model drug-drug-drug interactions in silico, integrating data from molecular, behavioral, and demographic sources2223.

**Table: Single-Drug Trials vs. Triadic Simulations**

|  |  |  |
| --- | --- | --- |
| Feature | Single-Drug Trials | TFT Triadic Simulations |
| Study Design | Placebo-controlled monotherapy | In silico, multi-drug, dynamic combinations |
| Data Modeled | Drug + placebo | Drug x Drug x Drug + patient covariates |
| Cost & Time | High, multi-year | Low, rapid iteration |
| Clinical Relevance | Limited by exclusion criteria | High, models “real world” combinations |

**Analysis:** Models such as those reviewed in the literature can forecast adverse drug reactions, optimize dosing, and guide trial design, all prior to expensive human testing. Recent advances with large-language models (LLMs) have dramatically improved sensitivity and specificity of DDI prediction (sensitivities >0.97), outstripping previous ML approaches24.

## Shared Decision-Making and Self-Compassion: Triadic Human-AI Synergy

### Shared Decision-Making (SDM) and Triadic Pathways

Modern evidence and new clinical measures confirm that including patients and caregivers in therapy planning-forming intentional triads-improves outcomes, satisfaction, and adherence67. TFT tools operationalize this by:

* Structuring triadic SDM interactions-clinician, patient, and caregiver/family-using digital platforms that document, synthesize, and report multi-party input.
* Providing feedback loops: for instance, identifying when the patient’s or caregiver’s preference overrules clinician instinct in care planning.
* Supporting nuanced care transitions (e.g., from inpatient to outpatient) by dynamically incorporating real-time data and preferences from all involved parties.

### Self-Compassion Pathways

Triadic self-compassion models-self-kindness vs. self-judgment, common humanity vs. isolation, mindfulness vs. over-identification-have been validated in both mental and physical health outcomes89. AI tools can reinforce self-compassion practices by:

* Delivering just-in-time therapeutic interventions (e.g., guided meditations, cognitive reframing) personalized to the moment.
* Tracking bio- and neuro-markers to identify when self-criticism triggers exacerbation of symptoms and adjust interventions accordingly.
* Monitoring progress at the neurobiological level (gray matter changes, amygdala activity) as shown by contemporary neuroimaging studies.

## TFT in Action: Example Comparisons

### Diagnosis: Guessing vs. TFT Resonance AI Tools

|  |  |  |
| --- | --- | --- |
| Dimension | Guessing/Traditional Approach | TFT Resonance AI Approach |
| Inputs | Interview, rating scales | NLP on speech, biometric trends, context data |
| Bias | High; subject to clinician’s lens | Minimized; pattern recognition across diverse data |
| Output | Binary label | Multidimensional, confidence-weighted result |

**Elaboration:** In practice, clinicians may fail to distinguish between unipolar and bipolar depression based on fleeting interview cues, mischaracterizing risk. TFT-based tools can parse years of health data, environmental stressors, and biometric fluctuations in tandem, producing far more accurate screening and risk stratification.

### Treatment Planning: Pill Roulette vs. TFT Medical Matrix

|  |  |  |
| --- | --- | --- |
| Dimension | Pill Roulette | TFT Medical Matrix AI Tool |
| First-Line Choice | Often SSRIs “by default” | Stratified by pharmacogenetics, comorbidity, history |
| Off-Label Use | Often untracked | Flagged and analyzed for risk-benefit instantly |
| Adherence Monitoring | Self-report, infrequent | Real-time digital/biometric feedback integrated |

**Practical Difference:** Instead of months of failed medication trials, the TFT system predicts likely responders/non-responders and allows for more agile, supportive adjustment-with AI-powered support for both patient and provider.

### Pharmaceutical Testing: Single-Drug Trials vs. Triadic Simulations

|  |  |  |
| --- | --- | --- |
| Trial Phase | Single-Drug Method | TFT Triadic Simulation |
| Preclinical | Animal models, Petri dish | AI-based interaction mapping |
| Clinical | Monotherapy, long cycles | Multi-combination, in silico scenarios |
| Safety Monitor | Post-marketing registries | Live AI monitoring for emergent risks |

**Impact:** TFT simulations can identify high-risk drug combinations and potential rare adverse events, streamlining clinical trial design and regulatory review, and improving clinical safety downstream.

## The Business Case: Insurance Investment and Systemic Reform

### Insurance Companies: Why Invest in TFT Tools?

Insurance companies are uniquely positioned to drive systemic reform and improve population health outcomes by investing in and deploying TFT-based tools25:

* **Risk Management:** AI tools enhance risk stratification, reducing unnecessary costs from misdiagnosis or medication failures.
* **Utilization Review:** AI-powered utilization reviews can boost efficiency and ensure more appropriate resource allocation, while maintaining compliance with evolving regulatory frameworks.
* **Outcome-Based Models:** As healthcare shifts to value-based care, insurance carriers benefit from technologies that improve patient-clinician engagement and, thus, actual outcomes.
* **Fraud and Disparity Reduction:** AI oversight reduces the risk of discriminatory or arbitrary decision-making, as algorithms can be audited for bias and discrimination-provided that proper regulatory and ethical safeguards are in place26.

**Business Opportunity Table**

|  |  |  |
| --- | --- | --- |
| Opportunity Area | Traditional Approach | TFT Opportunity |
| Underwriting | Historical/paper records | Dynamic, AI risk models |
| Claims Review | Manual, inconsistent | Automated, data-integrated validation |
| Patient Engagement | Passive, mailings | Active, digital, personalized interactions |
| Fraud Detection | Retrospective, time lag | Real-time, pattern detection |

### Systemic Reform: Regulation, Ethics, and Standardization

The deployment of TFT tools must be matched with robust regulation that manages inherent ethical risks: privacy, data security, potential bias, and liability for AI-driven decisions26. Emerging legislation (e.g., New York State’s Assembly Bill A-9149, the European Union's AIA) is beginning to grapple with these concerns, requiring transparency and human oversight for AI in health systems. Insurers and developers are under increasing pressure to demonstrate their commitment to safety, fairness, and patient well-being.

## Opportunities for TFT Developers and the Path to Systemic Impact

### Development and Readiness Considerations

TFT technologies integrate AI, cloud-based data harmonization, behavioral modeling, and simulation tools. Their maturity can be assessed using frameworks such as Technology Readiness Levels (TRL), with most advanced TFT components currently at pilot to demonstration phases in clinical settings27. Developers must focus on:

* **Open, Interoperable Architectures:** Facilitating integration across EHRs, pharmacy, wearable devices, and mental health platforms.
* **Multi-Stakeholder Design:** Engaging clinicians, patients, families, and payers in development to maximize usability and trust28.
* **Ethical AI Governance:** Building in mechanisms for bias auditing, explainability, and patient consent.
* **Agile Deployment:** Adopting hybrid SaaS/on-premise models that enable rapid scaling within and across health systems.

### Systemic Reform Through Triadic Logic

Widespread adoption of TFT-and the triadic logic it implies-can catalyze deep reform:

* **Decentralization:** Shifting mental health care from top-down, prescriptive models to shared, participatory, and contextually adaptive practice.
* **Transdiagnostic Focus:** Moving away from siloed diagnostic labels towards dynamic modeling of mental health as the product of interacting personal, social, and systemic influences.
* **Continuous Learning Ecosystems:** Positioning AI as a partner in ongoing clinical learning-updating models as new data, therapies, and stakeholder needs emerge.

## Conclusion

Triadic Framework Technology embodies a paradigm shift in mental health-moving from static, reductionist models to dynamic systems capable of modeling, predicting, and influencing complex human experiences. By operationalizing the legacy of cognitive triads, family systems, and integrating recent advances in AI, TFT offers a quantum leap in diagnosis, treatment planning, pharmaceutical development, and systemic trust.

The case for adoption is supported across multiple domains: the empirical inadequacy of current speculation-based approaches, mounting evidence for AI-enhanced triadic models, and the compelling economic and quality gains achievable for insurers and health systems. Insurance companies and pharmaceutical developers that invest early in TFT will gain not only competitive edge but also catalyze a transition toward more equitable, personalized, and effective mental health care.

Yet adoption must be matched by a commitment to regulatory, ethical, and collaborative stewardship. The future of mental health care lies not just in more technology-but in smarter, more systemic, and more relational technology; technology that recognizes, models, and leverages the inherent complexity and interconnectedness at the heart of mental well-being.

## Example Tables: Side-by-Side Summary

### Table 1: Diagnosis-Traditional Guesswork vs. TFT Resonance AI

|  |  |  |
| --- | --- | --- |
| Step | Traditional Approach | TFT-Enhanced Resonance AI |
| Assessment | Clinician interview, checklist | AI fuses multi-source, multi-modal inputs |
| Decision | Subjective, single diagnosis | Weighted, triadic correlation, multidimensional |
| Accuracy | Prone to bias/error | Higher, validated by continuous data |
| Output | Static diagnosis | Dynamic, personalized, and explainable |

### Table 2: Treatment Planning-Pill Roulette vs. TFT AI Matrix

|  |  |  |
| --- | --- | --- |
| Step | Pill Roulette Tradition | TFT Medical AI Matrix |
| First Prescription | Default or broad guidelines | Personalized via AI pattern recognition |
| Monitoring | Manual, infrequent | Continuous, algorithmic adjustments |
| Adherence | Self-report, unreliable | Wearables, digital tracking |
| Adjustments | Sequential, slow | Rapid, data-driven, multi-parametric |

### Table 3: Pharmaceutical Testing-Single-Drug Trials vs. Triadic Simulations

|  |  |  |
| --- | --- | --- |
| Test Stage | Single-Drug Approach | TFT Triadic Simulation |
| Design | Placebo controlled, one-medicine | Multi-agent, interaction mapped |
| Prediction | Limited | AI models DDI, DDI, patient covariates |
| Scalability | Low, cost-intensive | High, cost-effective |
| Clinical Relevance | Questionable with polypharmacy | High, real-world, combination ready |

*The race to transform mental health care is on. Triadic Framework Technology, representing the convergence of theoretical, clinical, and technological innovation, offers the clearest blueprint for navigating its inherent complexity. The leap, now, is from dyads to triads, from guesswork to resonance, and from speculation to systemic insight.*

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