

ARLUCENT ASSESSMENTS™

Independent Clinical Evaluation Division

Clinical Standards & Scope of Practice

A Public Statement of Assessment Methodology, Professional Boundaries, and Analytic Standards

ASAM-Informed Clinical Evaluations · Extended through The Arlucent Seventh Dimension™

Independent Evaluation · Private Pay · Telehealth · Minnesota

Version 2.0 · May 2026

Preface

Arlucent Assessments™ was established to provide independent, high-integrity clinical evaluations grounded in evidence-based practice, ethical role clarity, and methodological transparency. This document outlines the standards, principles, and limits governing all Arlucent assessment services.

This publication is intentionally made freely available to promote informed decision-making, clarify expectations, and preserve the integrity of the assessment process.

Version 2.0 reflects the formal naming and integration of The Arlucent Seventh Dimension™ across the Arlucent assessment architecture, as well as updates to the assessment tier nomenclature and the renaming of the Procedural Faith Index™ (PFI) to The Arlucent Seventh Dimension PFI™.

I. Purpose of Arlucent Assessments

Arlucent Assessments™ exists to answer one primary clinical question:

What does an independent, structured clinical evaluation reveal about this individual's substance use, behavioral patterns, value-behavior coherence, and clinically indicated level of care?

All Arlucent assessments are designed to support:

- Diagnostic clarity
- ASAM-informed Level of Care (LOC) determination
- Behavioral pattern analysis and clinical synthesis
- Behavioral coherence analysis through The Arlucent Seventh Dimension™ (where indicated by assessment tier)

Arlucent Assessments™ does not exist to provide treatment, advocacy, placement, or outcome guarantees.

II. Scope of Practice

What Arlucent Assessments™ Provides

- Independent clinical evaluations
- Structured and narrative assessment methodologies
- ASAM Dimensions 1–6 analysis
- The Arlucent Seventh Dimension™ behavioral coherence analysis (in the ACA and ACSA tiers)
- Level of Care recommendations as clinical opinion
- Written assessment reports suitable for professional review

What Arlucent Assessments™ Does Not Provide

- Psychotherapy or counseling
- Crisis intervention or emergency services
- Case management or care coordination
- Referrals to specific treatment programs or providers
- Placement authorization or utilization review
- Fitness-for-duty or return-to-work determinations
- Advocacy for legal, employment, or custody outcomes

This boundary is foundational and non-negotiable.

III. Assessment Independence and Ethical Positioning

Arlucent Assessments™ operates under a principle of structural independence.

To preserve clinical neutrality:

- Arlucent does not provide treatment services
- Arlucent does not accept payment from treatment providers
- Arlucent does not refer clients to specific programs
- Arlucent does not align financially with placement outcomes

This separation protects:

- Client autonomy
- Assessment validity
- Ethical clarity
- Public trust

The assessor's role is to evaluate, not to direct or persuade. These boundaries are maintained regardless of referral source or payment structure.

IV. Methodological Framework

The Canonical Arlucent Position

Arlucent Assessments™ are ASAM-informed clinical evaluations that extend the standard six-dimensional framework through The Arlucent Seventh Dimension™ (PFI), a structured analysis of behavioral coherence, value alignment, and behavioral stability across conditions.

ASAM as the Structural Foundation

All Arlucent assessments are anchored in the American Society of Addiction Medicine (ASAM) Criteria, utilizing Dimensions 1–6 as the organizing framework for clinical decision-making.

ASAM is applied as:

- A dimensional framework, not a checklist
- A method for synthesizing risk, need, and readiness
- A guide for probabilistic clinical judgment, not certainty

Level of Care recommendations reflect clinical reasoning at the time of assessment, available information and observed functioning, and professional judgment, not authorization. ASAM-informed opinions may evolve as circumstances change.

The Gap Addressed by The Arlucent Seventh Dimension™

While the ASAM Criteria provide a multidimensional assessment of clinical severity and treatment need, they do not formally evaluate the consistency between stated recovery intent and observed behavioral patterns. The Arlucent Seventh Dimension™ (PFI) addresses this gap through structured behavioral coherence analysis.

The Arlucent Seventh Dimension™ does not replace the ASAM framework. It extends it. The result is an evaluation that addresses both clinical severity and behavioral coherence in a single integrated document.

Visual Contrast

The relationship between the two layers can be summarized as follows:

Dimensions 1–6	→	Clinical Severity, Risk, and Service Need
The Arlucent Seventh Dimension™	→	Behavioral Coherence and Stability Across Conditions

V. Assessment Methodology and Instrument Selection

Arluent Assessments™ maintains rigorous standards for clinical assessment methodology that ensure defensibility, reliability, and professional integrity across clinical, legal, and professional contexts.

Screening Instruments

All Arluent assessments utilize nationally validated, evidence-based screening instruments recognized across clinical, legal, and professional settings. Assessment methodology mirrors and often exceeds regulatory standards while maintaining complete independence from treatment placement outcomes.

Screening instruments are selected based on:

- Validation research and psychometric properties
- Widespread professional recognition
- Clinical appropriateness for the assessment question
- Defensibility in legal and professional review contexts

Standard instruments include:

- AUDIT-C (Alcohol Use Disorders Identification Test – Consumption)
- PHQ-9 (Patient Health Questionnaire – Depression Severity)
- GAD-7 (Generalized Anxiety Disorder Scale)
- DAST-10 (Drug Abuse Screening Test)
- ACE (Adverse Childhood Experiences Questionnaire)

Instruments are administered based on clinical indication and assessment tier. Selection reflects professional judgment rather than regulatory mandate, allowing for flexibility in matching methodology to the complexity and context of each case.

Clinical Interview Standards

Structured clinical interviews follow ASAM-dimensional frameworks and incorporate:

- Detailed substance use history
- Mental health and co-occurring condition assessment
- Psychosocial functioning and environmental context
- Treatment history and response patterns
- Readiness, motivation, and barriers to change
- The Arluent Seventh Dimension™ signal extraction (in the ACA and ACSA tiers): value identification, behavioral consistency, stress fidelity, and recovery alignment

Interview methodology prioritizes rapport and psychological safety, neutral and non-leading questioning, comprehensive data gathering across all ASAM dimensions, and integration of collateral information when

authorized. Assessment conclusions are based on convergent data sources, not single instruments or self-report alone.

VI. Structured Analytic Frameworks

Arlucent Assessments™ utilizes structured analytic frameworks developed within the Arlucent Clinical Systems™ architecture to organize clinical evidence and support transparent clinical reasoning.

These frameworks are designed to:

- Integrate multiple sources of behavioral evidence
- Distinguish documented evidence from interpretive synthesis
- Promote consistency in clinical reasoning across assessment tiers
- Enhance clarity when evaluations are reviewed in clinical, legal, or professional contexts

The primary structured analytic framework integrated across Arlucent assessments is The Arlucent Seventh Dimension™. These frameworks function as tools for organizing behavioral evidence and do not replace professional clinical judgment.

VII. The Arlucent Seventh Dimension™

Definition

The Arlucent Seventh Dimension™ (Procedural Faith Index; PFI) is a structured behavioral coherence analysis that evaluates the degree of alignment between an individual's stated values, expressed intentions, and observed behavioral patterns across varying conditions, including stress, environmental pressure, and recovery engagement.

The Four Domains

The Arlucent Seventh Dimension™ analyzes behavioral coherence across four structured domains:

Value Identification

Clarity, stability, and internal consistency of articulated values.

Behavioral Consistency

Degree of alignment between stated intentions and actual behavioral patterns over time.

Stress Fidelity

Stability of value-consistent behavior under stress, dysregulation, or environmental disruption.

Recovery Alignment

Congruence between recovery goals and observable engagement in recovery-oriented behaviors.

Important Clarifications

The Arlucent Seventh Dimension™ is:

- Non-doctrinal
- Non-religious in requirement or expectation
- Non-diagnostic
- Not a psychometric instrument

It is used to enhance understanding of how values, meaning structures, and behavioral coherence patterns influence recovery and behavioral change. Participation is guided by client self-definition and cultural context.

VIII. The Arlucent Seventh Dimension PFI™

In the ACA and ACSA tiers, Arlucent incorporates The Arlucent Seventh Dimension PFI™, the proprietary scoring instrument of The Arlucent Seventh Dimension™. The PFI is a structured analytic framework developed within the Arlucent Clinical Systems™ architecture to organize behavioral evidence into a model of behavioral coherence.

Each of the four domains is scored on a defined 0–4 anchor scale, producing a total Arlucent Seventh Dimension PFI™ score that situates the individual’s behavioral coherence profile within one of four interpretive bands:

- 13–16 → Integrated Behavioral Coherence
- 9–12 → Moderate Behavioral Coherence
- 5–8 → Low Behavioral Coherence
- 0–4 → Severe Behavioral Disorganization

In the Arlucent Comprehensive Systems Assessment (ACSA), the PFI is used to produce a behavioral coherence profile derived from the evaluation. When requested by the client, this analysis may also be presented in a standalone The Arlucent Seventh Dimension PFI™ Report, which summarizes the behavioral coherence component of the comprehensive assessment in a concise analytic format suitable for distribution to attorneys, courts, employers, or treatment providers.

The PFI report does not replace the full clinical evaluation and should be interpreted within the context of the complete assessment from which it is derived.

Methodological Transparency

The Arlucent Seventh Dimension™ (PFI) is a structured clinical reasoning framework. It is not a norm-referenced psychological test, has not been subjected to formal psychometric validation, and does not generate diagnostic conclusions independently of the full clinical assessment from which it is derived. Its clinical utility derives from the transparency of its scoring anchors and the convergence of evidentiary sources. Findings reflect patterns observable within the assessment context and are not predictive of future behavior.

IX. Levels of Assessment Offered

Arlucent Assessments™ offers three distinct assessment instruments, each designed for a specific clinical purpose. All three maintain the same ethical standards and independence requirements; they differ in depth, scope, and the integration of The Arlucent Seventh Dimension™.

Arlucent Standard ASAM Assessment (ASAA)

A standardized clinical assessment focused on ASAM Level of Care determination, designed in accordance with Minnesota DHS 245G requirements. This evaluation provides a focused, regulatory-standard placement instrument for individuals seeking or referred for substance use assessment.

Methodology: Standard ASAM dimensional analysis (Dimensions 1–6). The Arlucent Seventh Dimension™ is not included at this tier.

Arlucent Clinical Assessment (ACA)

An enhanced clinical assessment that moves beyond standard placement to incorporate narrative formulation, structured behavioral analysis, and preliminary integration of The Arlucent Seventh Dimension™. The ACA is designed for situations requiring deeper clinical understanding than a standard ASAM evaluation provides.

Methodology: Includes a structured snapshot of The Arlucent Seventh Dimension™ (PFI), providing targeted analysis of value-behavior alignment and recovery coherence.

Arlucent Comprehensive Systems Assessment (ACSA)

A capstone evaluation integrating full ASAM synthesis, complete behavioral coherence analysis, and systems-level interpretation. The ACSA is designed for high-complexity, high-stakes cases involving multiple systems — clinical, legal, familial, or professional — that must be addressed in a single comprehensive document.

Methodology: Includes a comprehensive application of The Arlucent Seventh Dimension™ (PFI), delivering a multi-domain behavioral coherence analysis with ranked system drivers and stress-condition modeling.

The Arlucent Seventh Dimension PFI™ Report (Standalone)

A standalone report derived from ACSA data, delivered as a separate document formatted for legal and professional review. Provides the full Arlucent Seventh Dimension™ behavioral coherence analysis as a focused deliverable when the integrative layer is the primary clinical question.

Each assessment differs in depth and scope, not in ethical standards.

X. Appropriate and Inappropriate Uses of Arlucent Assessments

Appropriate Uses

- Clarifying clinically indicated Level of Care
- Addressing diagnostic ambiguity
- Understanding behavioral patterns or treatment resistance
- Obtaining an independent second opinion
- Providing structured behavioral coherence analysis through The Arlucent Seventh Dimension™ in legal, professional, or clinical decision-making contexts

Inappropriate Uses

- Determining where someone ‘must’ go for treatment
- Advocating for legal or employment outcomes
- Providing clearance, endorsement, or certification
- Replacing ongoing treatment or supervision
- Predicting future behavior

Requests falling outside scope are declined.

XI. Relationship to Treatment Providers

Arlucent Assessments™ operates upstream of treatment.

- Treatment providers deliver care
- Arlucent evaluates and recommends

This separation ensures clinical objectivity, reduced conflicts of interest, and clear accountability across systems. Arlucent welcomes professional dialogue for purposes of clarification but does not participate in care coordination or ongoing clinical decision-making.

XII. Evaluator Qualifications

All Arlucent assessments are conducted by Rafael Lewis, M.A., LADC, an independent clinical assessor and the founder of Arlucent Assessments™. Mr. Lewis is the developer of The Arlucent Seventh Dimension™ (PFI) and the author of the methodological framework underlying Arlucent’s assessment architecture.

Evaluations are performed by the evaluating clinician, a doctoral student in counseling psychology at Saint Mary’s University of Minnesota, with professional experience in psychological and substance use assessment in regulated clinical settings. Training includes assessment methodology, diagnostic reasoning, documentation standards, and ethics specific to independent evaluation.

Mr. Lewis brings clinical assessment and administrative leadership experience in licensed treatment settings — including direct knowledge of regulatory requirements, compliance standards, and the considerations that arise when assessment and treatment roles overlap.

XIII. Transparency and Limitations

All clinical assessments have inherent limitations. Arlucent Assessments™ is committed to transparency regarding:

- Time-limited data
- Self-report variability
- Contextual influences
- The evolving nature of recovery
- The non-psychometric status of The Arlucent Seventh Dimension™ (see Section VIII)

No assessment guarantees outcomes, placement success, or recovery trajectories. Findings reflect patterns observable within the assessment context and are not predictive of future behavior.

XIV. Closing Statement

Arlucent Assessments™ is grounded in the belief that clarity, integrity, and restraint are essential to ethical clinical practice. By clearly defining what assessment is — and what it is not — this standards document serves as an invitation to informed collaboration and a safeguard against misuse.

About This Document

This Standards & Scope of Practice document is provided for public education and transparency. It does not constitute informed consent, clinical advice, or a service agreement.

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The Arlucent Seventh Dimension™, The Arlucent Seventh Dimension PFI™, Procedural Faith Index™, Behavioral Coherence Analysis™, and all Arlucent assessment instruments are proprietary analytic frameworks developed by Arlucent Clinical Systems™.