

# HANDBOOK OF PSYCHIATRIC MEASURES

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TASK FORCE FOR THE HANDBOOK  
OF PSYCHIATRIC MEASURES

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## PSYCHOMETRIC PROPERTIES

### Reliability

Internal consistency derived from drug clinic ( $n = 231$ ), juvenile offender ( $n = 411$ ), and school ( $n = 1,539$ ) samples ranged from 0.90 to 0.95.

### Validity

In a sample of drug clinic patients ( $n = 231$ ), subjects with prior drug abuse treatment had significantly higher scores on the PESQ than subjects without prior treatment (means of 50.4 vs. 41.3), subjects with an intake diagnosis of dependence had significantly higher scores than individuals with a diagnosis of abuse (48 vs. 42.5), and the entire drug clinic sample had higher scores than the juvenile offender sampler and normal school sample (44.5 vs. 35.4 vs. 27.5). In a school clinic sample, PESQ scores predicted referral for drug abuse evaluations (mean score 40.2 on the sample referred for evaluation vs. 28.3 for the nonreferred students). Discriminant function analysis showed an optimal cut point of 40 or greater, with sensitivity and specificity ratings of 0.91 and 0.84, which was replicated in a second sample (sensitivity and specificity scores of 0.88 and 0.85).

## CLINICAL UTILITY

The brief self-report format and the use of items designed to assess characteristics of teenage substance use make the PESQ a useful instrument for detecting the need for referral to substance abuse clinics from other settings in which services are provided to adolescents. Although the items that pertain to substance use patterns are highly face valid, this instrument addresses the issue of biased reporting by including scales to indicate defensiveness and infrequency of reporting, which can be used to determine the need for a more detailed assessment. The PESQ is not designed to be used as a change measure or to determine a formal diagnosis of substance abuse or dependence. Thus, more extensive evaluation is required in specialty settings.

## REFERENCES AND SUGGESTED READINGS

George MS, Skinner HA: Assessment, in *Drug Use by Adolescents: Identification, Assessment, and Intervention*. Ed-

ited by Annis HM, Davis CS. Toronto, Canada, Alcoholism and Drug Addiction Foundation, 1991, pp 85-108

Winters K: *Manual for the Personal Experience Screening Questionnaire (PESQ)*. Los Angeles, CA, Western Psychological Services, 1991

Winters KC: Development of an adolescent alcohol and other drug abuse screening scales: Personal Experiences Screening Questionnaire. *Addict Behav* 17:479-490, 1992

## TWEAK Test

M. Russell

### GOALS

The TWEAK (Russell et al. 1991) briefly screens for heavy drinking and clinically significant current or past alcohol problems in both treatment and nonclinical settings. It was originally designed to screen for risky drinking behavior during pregnancy and was originally validated in that population with regard to the establishment of cutoff scores. Because the items themselves are not gender specific, the test can be used for both women and men. A positive score on the TWEAK can be used to determine the need for further assessment regarding alcohol use patterns and alcohol-related problems.

### DESCRIPTION

The TWEAK is a five-item self-report measure that can also be administered in a clinician-interview format. The name TWEAK is an acronym derived from the five items in the measure (see Example 22-6).

The tolerance question is considered positive if the subject reports being able to "hold" five or more drinks or reports that it takes three or more drinks to feel high. All other questions are considered positive if answered yes.

The tolerance and worry items each count 2 points if positive, and the remaining items count 1 point; the

## EXAMPLE 22-6 ■ The TWEAK Test

- T (Tolerance): How many drinks can you "hold," or how many drinks does it take before you begin to feel the first effects of alcohol?
- W Have close friends or relatives Worried or complained about your drinking in the past year?
- E (Eye-Opener): Do you sometimes take a drink in the morning when you first get up?
- A (Amnesia, Blackouts): Has a friend or family member ever told you about things you said or did while you were drinking that you could not remember?
- K (C): Could you sometimes feel the need to Cut down on your drinking?

test yields a possible total score of 7 when all items are summed. A score of 2 or higher is recommended for detecting risky drinking among pregnant women, and a score of 3 or more is recommended for identifying alcohol abuse or dependence.

## PRACTICAL ISSUES

It takes less than 1 minute to administer and score the TWEAK. It may be used without permission. No special training is required to administer, score, or interpret this measure. Copies of the TWEAK may be obtained from

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The TWEAK is included on the CD-ROM that accompanies this handbook.

## PSYCHOMETRIC PROPERTIES

## Validity

The principal method for measuring validity has been to determine the sensitivity and specificity of the TWEAK for detecting risky drinking or an alcohol use disorder as defined by DSM-III-R or ICD criteria. In one study of 4,743 African American women assessed at an inner-city prenatal clinic, a cut score of 2 or higher gave sensitivity and specificity scores of 0.79 and 0.83, and a score of 3

or higher gave scores of 0.59 and 0.94 for detecting women who drank 1 or more oz of absolute alcohol daily or 14 or more drinks weekly. A more diverse sample of 1,635 male and female subjects from clinical and non-clinical samples found sensitivity and specificity rates of 0.94 and 0.89 when a score of 3 or higher was used to detect DSM-III-R alcohol dependence in the past year. Separate analyses for men and women indicated greater specificity for women (e.g., in a clinical sample, sensitivity and specificity scores were 1.00 and 0.69 for men and 0.83 and 0.96 for women), which probably reflects greater tolerance for alcohol in men. Use in an emergency room sample with a score of 3 or higher yielded sensitivity and specificity scores of 0.87 and 0.86 for ICD-10 harmful drinking and 0.84 and 0.86 for ICD-10 alcohol dependence as determined by the CIDI (p. 61). When used to assess risky drinking during pregnancy, scores of 2 or higher on the TWEAK have been associated with significantly lower birth weight, lower Apgar scores, a smaller head circumference at birth, and cognitive deficits at age 6 (Russell et al. 1991).

## CLINICAL UTILITY

The TWEAK is one of only a few screening instruments for heavy drinking and alcohol use disorders that has been specifically designed for and validated in samples of women, although it can be used with either men or women. It is brief, easily understood, and easily scored and can be used in either a self-report or interview format. Although there are no reliability data to date, as a screening instrument (sensitivity and specificity) the TWEAK outperformed the CAGE Questionnaire (p. 462) and the MAST (p. 467). Another potential advantage of the TWEAK over the CAGE and the MAST is that it is worded in the present tense; it can thus distinguish between lifetime and current alcohol problems. Although the items are worded in what is intended to be a nonthreatening format, they have high face validity and thus are subject to falsely negative reporting.

## REFERENCES AND SUGGESTED READINGS

Chan AWK, Pristach EA, Welte JW, et al: Use of the TWEAK test in screening for alcoholism/heavy drinking in three