



Healthy Start FAQ: “TWEAK” and “4P” to Ensure Healthy Pregnancies and Babies: An Overview of Substance Use Disorder Screening Tools

On June 25, 2015, Rekha Sreedhara from JSI Research & Training Institute, Inc. facilitated a webinar focused on the importance of screening pregnant and postpartum women for substance use disorders to ensure healthy pregnancies and healthy babies. During her presentation, Rekha reviewed the Screening, Brief Intervention, and Referral to Treatment (SBIRT) method as a way to identify problematic drug and alcohol use in pregnant or postpartum clients. She also provided information about two screening tools: TWEAK (Tolerance, Worry, Eye Opener, Amnesia, Cut-Down) and 4Ps (Parents, Partners, Past, and Pregnancy), both of which have been validated for use with pregnant women. All the tools mentioned in Rekha’s presentation are available under the [Evidence-Based Practices tab](#) on the EPIC Center website.

In case you or a colleague missed the webinar, a recording can be found on the [EPIC Center website’s Training calendar](#).

During the presentation, attendees asked several great questions, all of which have been answered below.

What are some screening tools specific to tobacco use?

Given Rekha’s focus on alcohol and drug use, she didn’t feel equipped to offer tool options specific to tobacco screening and opted to provide guidance within her field of expertise. There are tobacco screening tools available on the [EPIC Center website](#).

Is the IHR’s 5Ps tool the same as the 4Ps?

No they are not the same tool. The 4Ps (Parents, Partners, Past, and Pregnancy) includes additional screening information but is built on and consistent with the 3Ps tool. Both tools are available under the [EBP tab on the EPIC Center website](#).

How can a grantee work with a client who doesn’t seem receptive to help?

Rekha encouraged grantees to approach the conversation in an open manner and without forcing the client to answer any particular questions. Engage in a conversation about anything the client seems willing to talk about; it doesn’t need to start with addressing their substance use. The initial conversations should be based on building a relationship, and then the alcohol/drug use questions can follow once the relationship and trust has been established. Some women may hesitate to reveal their substance use because of negative past experiences with providers’ judgement. Additionally, they may be fearful of the possibility of becoming involved with child protective services if they admit to any type of substance use. Start with an open conversation about anything, and, as the client becomes more comfortable, begin asking the more substance-focused questions.