

# THE WETC PSYCHOLOGY NEWSLETTER

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## Epworth Sleepiness Scale

In 2008 I published a book called Psychological Evaluations in Litigation: A Practical Guide for Attorneys and Insurance Adjusters. My intent in producing this book was not to make a small fortune but to provide practical information for professionals who might need a little assistance in understanding a litigated psychiatric claim. Well, I certainly succeeded in my desire not to make any money from this book as I can proudly say that it has not generated a single sale. I simply gave away all of the printed copies and posted an unabridged copy online at [www.DrLeckartWETC.com](http://www.DrLeckartWETC.com), where an updated version can still be found. At that website you can also find copies of all of these newsletters I've published in the last three years, plus a glossary of psychological and psychiatric terms for those of you who are sometimes befuddled by psychospeak or psychobabble terms. If you haven't already done so, check out the book as it provides information about specific diagnostic criteria and the nature of a large number of psychological tests used in litigated cases. I think it will help you understand those pesky psychological reports and assist you in preparing to take a PQME's or an AME's deposition. Hey, it's free, what have you got to lose?

In giving a talk to a group of attorneys a few weeks ago, the topic of the Epworth Sleepiness Scale came up and I referred the questioner to the on-line version of my book for information about that test only to discover that for some reason a discussion of that instrument was omitted from the latest version of my book. So for all of you who need to know about the Epworth Sleepiness Scale, and it's use which is becoming widespread, I give you this newsletter. If you want

*“when it comes to the Epworth Sleepiness Scale this instrument has no validity scales to assess whether an individual is attempting to simulate dysfunction or trying to present themselves in an unrealistically favorable light and therefore the test is almost completely useless in a medical-legal context.”*

to know a bit more, you can check out the original reference (Johns, M.W. A new method for measuring daytime sleepiness: the Epworth Sleepiness Scale, Sleep, 1991, 14, 540-545).

Well, here goes. The Epworth Sleepiness Scale is frequently used by a variety of medical practitioners ostensibly to assess an individual's sleep disorder and/or disability status. The use of this test is discussed and sanctioned in Chapter 13 of the fifth edition of AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition, where on page 317 it is recommended for use in evaluating sleepiness and coming to some conclusions regarding a Whole Person Impairment rating due to sleep and arousal disorders. Unfortunately, I am sad to say that as a psychological test the Epworth Sleepiness Scale leaves a lot to be desired.

The Epworth Sleepiness Scale is a self-report questionnaire that asks the individual to rate themselves on a 4-point scale, using the numbers 0 through 3, describing what they believe is their likelihood of “dozing or sleeping” under eight circumstances such as sitting and reading, watching television, lying down in the afternoon or stopped in traffic for a few minutes. A 0 is used to indicate that the person would never doze or sleep in the specified circumstance and a 3 is used to designate a high chance of dozing or sleeping. One's and 2's are used when the

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chances of dozing or sleeping are rated as “slight” or “moderate.” Considering that there are 8 questions or items, the individual can receive a score of 0 to 24, depending on how they answer the questions, with a higher score indicating that they believe they are more likely to fall asleep or doze under the stated circumstances. As indicated by the author of the test, Dr. Johns, a score greater than 10 indicates that the person receiving such a score should consider whether they are obtaining adequate sleep or need to see a sleep specialist.

The author’s recommendation makes a great deal of sense, since in basic medical practice the Epworth Sleepiness Scale seems to be a reasonable way of screening for possible sleep problems. However, as an instrument that can provide definitive diagnostic information about the existence of a sleep or arousal disorder, especially in the context of a medical-legal examination, I believe this test is completely useless.

Essentially, the first issue that must be addressed by any medical-legal evaluator is the examinee’s credibility. In psychological cases there are a number of ways of determining a patient’s veracity. Once such source of information is the face-to-face clinical interview. Individuals who are credible historians present with histories that are internally consistent during a relatively long and pointed interview. They also present data consistent with their medical records. These individuals are direct in answering questions and not evasive or vague as is often found to be true of individuals who are trying to distort their true clinical presentation. Additionally, and most importantly, there are objective psychological tests that speak directly to an individual’s credibility. In this regard, the multiple forms of the Minnesota Multiphasic Personality Inventory (MMPI) as well as the Cattell Sixteen Personality Factor Test have numerous validity scales for detecting the patient’s test-taking attitudes and credibility. These tests have been around for a very long time and are known to be able to detect individuals who are trying to

portray themselves in a favorable light as well as those who are trying to do the opposite and appear to have more problems than exist.

Unfortunately, when it comes to the Epworth Sleepiness Scale this instrument has no validity scales to assess whether an individual is attempting to simulate dysfunction or trying to present themselves in an unrealistically favorable light and therefore the test is almost completely useless in a medical-legal context. When coupled with the notion that individuals will sometimes attempt to distort their presence on the relatively impersonal psychological tests but will be unwilling or unable to do so on a rigorous face-to-face interview, the likelihood of this test providing meaningful information approaches zero. Thus, when you find this test being used by any medical-legal practitioner to draw firm conclusions about sleep and/or arousal disorders as well as disabilities in these areas, or is using this instrument as the basis for adding points to the Whole Person Impairment (WPI) rating, it must be understood that there is no empirical support for such behavior.

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This is the forty-first of a series of monthly newsletters aimed at providing information about psychological evaluations and treatment that may be of interest to attorneys and insurance adjusters working in the areas of workers’ compensation and personal injury. If you have not received some or all of our past newsletters listed on the next page, and would like copies, send us an email requesting the newsletter(s) that you would like forwarded to you.

February, 2009 – Litigation Problems With The GAF

March, 2009 – Common Flaws In Psych Reports

April, 2009 – The Minnesota Multiphasic Personality Inventory (MMPI)

May, 2009 – Apportioning Psychiatric Disability In Workers' Compensation cases And Assessing Aggravation In Personal Injury Cases

June, 2009 - Subjectively Interpreted Projective Psychological Tests

July, 2009 - Sleep Disorders And Psychiatric Injuries

August, 2009 - Posttraumatic Stress Disorder

September, 2009 - Compulsive Computer Use Disorder

October, 2009 - Major Depressive Disorder

November, 2009 - The Millon Tests

December, 2009 - Psychological Factors Affecting Medical Condition

January, 2010 - Pain Disorders

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March, 2010 - Drugs: Use, Abuse and Dependence

April, 2010 - Common Flaws In Psych Reports #3

May, 2010 - "Impossible" MMPI-2 scores and their consequences for litigation

June, 2010 - Adjustment Disorders

July, 2010 - Bipolar Disorders

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September, 2010 - Symptoms, Signs and the GAF: A Potential Litigation Problem

October, 2010 - What vs. Why: Determining Causality in Psych Cases

November, 2010 - Tightrope Walking and the GAF

December, 2010 - Apportioning Psychiatric Injuries: A More Complete View

January, 2011 - Personality Disorders

February, 2011 - Apportioning Psychiatric Disability With Multiple Orthopedic Injuries

March, 2011 - How To Cx a Shrink

April, 2011 - The Mental Status Examination - Revisited

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February, 2012 – Malingering (V65.2)

March, 2012 – Apportionment of Orthopedically Produced Permanent Psychiatric Disability: Food For Thought

April, 2012 – Depositions are War! How to Win!

May, 2012 –Biofeedback