

HAPPENINGS

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President's Message:

I am very excited and thankful for the opportunity to work together with the Board of Directors while leading an Association celebrating its 37th anniversary this year. MCCA carries a very rich tradition and boasts impressive alumni, with many current leaders in a variety of fields – from corrections to addiction counseling – having held seats on the Board in previous years. This stable foundation, coupled with a talented Board of Directors, will allow us the opportunity to continue the excellent work of MCCA throughout 2013.

Since my plans as President were outlined in the message sent to all members back in February (and still posted on our website), I thought I would utilize this opportunity to provide some background about the organization I work for and the ReEntry Services division which I manage.

Goodwill/Easter Seals Minnesota (G/ESM) has been transforming lives through the power of work for over 91 years. The mission of G/ESM is to assist people with barriers to education, employment and independence in achieving their goals. This mission is supported by the net revenue from over 30 Goodwill stores, public and private foundation grants and financial donations. The Goodwill stores have also historically provided work experience opportunities for thousands of individuals without a work history. Participants are provided with a broad range of specialized services and programs that support our mission and their individual success. In addition to our career services, we offer support to non-custodial dads in our FATHER Project, offer individual counseling at our Working Well Mental Health Clinic (WWMHC) and provide industry-specific construction, automotive and customer call center programs in our Skills Training division. In 2012, G/ESM Mission Services Division served 15,651 Minnesotans and through the Goodwill stores and salvage programs, we diverted 19.8 million pounds of material from landfills.

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Find us online at:

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President's Message, continued:

For the past 3 ½ years I have managed the ReEntry Services division, which is one of the specialized service programs offered by G/ESM. The ReEntry Services division is set up to increase public safety by using evidence-based practices to address criminogenic factors that lead to recidivism. The services are focused on helping ex-prisoners and others with criminal records overcome barriers to employment, independence and success.

In addition to the one-on-one services provided to help the individuals served, the program focuses on developing employer relationships in the community by providing education about the myths, facts and benefits surrounding the hiring of individuals with records. After relationships are developed with employers, we match the program participants who are likely to succeed in retaining the position based upon our individualized work with them to help ensure the continued business relationship and encourage the hiring of additional participants in the future.

One of the services offered is Moral Reconciliation Therapy (MRT). MRT is a cognitive-behavioral, step-by-step treatment strategy designed to enhance self-image, promote growth of a positive and productive identity while facilitating the development of higher stages of moral reasoning. The MRT group is evidence-based, with over 120 outcome studies showing significantly lower levels of rearrests and reincarceration, as well as significant increases in moral reasoning levels in participants.

Other program services include mentoring, employment readiness training, videotaped mock interviews, social service resource navigators, Monday Morning Motivational Job Club and Computer Skills Training classes.

If you have any questions about G/ESM programs, please feel free to reach me directly at (651) 379-5863 or asagvold@goodwilleasterseals.org or contact the general G/ESM number by dialing (651) 379-5600.

I have enjoyed the first several months as President and I look forward to seeing our membership continue to grow and our trainings continue to attract a diverse group of professionals. Please feel free to contact me at any time if you have thoughts, suggestions or comments regarding how MCCA can provide the best service to members as possible.

Thank you and on behalf of the entire Board of Directors, we appreciate your continued support of MCCA.

Andy Sagvold, MCCA President

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The *MCCA Happenings*
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The statements
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MCCA Mission Statement: The mission of MCCA is to promote the value and recognition of community corrections as an equal partner in the societal response to public safety and offender reintegration. We accomplish this mission through training, advocacy, fellowship, and collaboration.

EDUCATION and TRAINING EVENTS, continued

Sexting, Texting, and Cyberbullying

Friday, August 16, 2013, 9:00 AM to 12:00 PM

Goodwill Easter Seals: 553 Fairview Ave N, St Paul, MN 55104

Description:

Technological advancements in cell phones have led to the development of new methods of creating and sharing child pornography as well as other sexually predatory behaviors. As Sexting and Cyberbullying have grown in popularity, children and adults are often unaware of the possible consequences. Addressing these matters in a proactive restorative manner maximizes the impact of the intervention while minimizing the long term collateral consequences. This presentation educates professionals on the seriousness and trends with this issue. Statistics, videos, first-hand stories and other valuable insights will be discussed to focus on the consequences and different strategies the criminal justice system can deal with the issue. Cyberbullying will also be addressed, specifically how traditional bullying has morphed to the new and more dangerous bullying with the use of technology.

Presented by:

Brian Stoll: Brian, Senior Probation Agent with Wright County Services (Buffalo, MN), has been working with juveniles in the criminal justice system for 10 years. Focused on EBP, he instituted a cognitive restructuring program aimed at youthful offenders. His expertise in the predatory offender registration process has been a crucial part in dealing with the consequences from sexting and cyberbullying. Brian has presented trainings for audiences ranging from auditoriums to classrooms and correctional professions to students or parents.

Information on past, present, and future trainings can be found online at www.mnmcca.com.

EDUCATION and TRAINING EVENTS, continued

Exploring Etiology of Juvenile Sexual Homicide

Friday, September 20, 2013, 9:00 AM to 12:00 PM

Goodwill Easter Seals: 553 Fairview Ave N, St Paul, MN 55104

Description:

This training will help understand definitions, classifications, and victim-offender relationships in cases involving juveniles who commit sexual homicide. Family and interpersonal dynamics, mental health, and social factors that may play a role in these cases will also be discussed. Finally, there will be review of legal and ethical issues, intervention strategies, and best practices when working with these cases.

Presented by:

Rachel Tiede: Rachel Tiede, MA is employed at Pathways Counseling Center as a Mental Health Practitioner. She is a member of the practitforensic team and trains other oners. Rachel has a Master's degree in Education and is pursuing her second Master's degree in Counseling from Adler Graduate School. Rachel has worked with numerous clients with mental health and substance use problems as well as cognitive impairments. She has also worked with clients with mental illness through pregnancy and with individuals suffering with postpartum depression. Rachel is also a Forensic Mental Health Research Assistant and professional trainer with the American Institute for the Advancement of Forensic Studies (AIAFS) and a member of a multidisciplinary forensic consultation team. Her primary areas of research include sleep disorders, Wernicke-Korsakoff syndrome, the forensic aspects of Postpartum Depression and Psychosis, Fetal Alcohol Spectrum Disorders (FASD), and Shaken Baby Syndrome (SBS)/Abusive Head Trauma (AHT). She has been trained in Illness Management and Recovery (IMR) and Motivational Interviewing. Rachel has attended and given presentations on Postpartum Depression as well as assisted in the creation of presentation tools on the subject. She is also an active board member for the Midwest Alliance on Shaken Baby Syndrome (MASBS).

Information on past, present, and future trainings can be found online at www.mnmcca.com.

The Importance of Evidence-based Mental Health Treatments and Services

Author: Anna McLafferty

Most of us who work in the criminal justice field have seen many people who live with mental illnesses cycle through the system again and again, despite having gone through programs meant to change their future behavior. For example, how many people have you worked with who live with mental illnesses and have gone through multiple rounds of court-ordered anger management? Or chemical dependency treatment?

While there can be many reasons for this, a major one is that many traditionally court-ordered programs are not evidence-based practices (EBPs) to address mental illnesses. While programs like anger management and chemical dependency treatment can help some people with mental illnesses, it should come as no surprise that many people with mental illnesses need something different.

Fortunately there is a wealth of information available about appropriate, evidence-based treatments and services for people with mental illnesses and co-occurring substance use disorders. Mental health courts work well largely because they use these EBPs.

To find evidence-based treatment options for specific mental illnesses, check out the National Institute of Mental Health (NIMH). I recommend searching online for "NIMH and [insert diagnosis here]" (e.g., "NIMH and schizophrenia"). This will give you--and the person you are working with--an in-depth description of the illness, its symptoms, evidence-based treatment and more.

In addition to evidence-based treatments, there is a whole host of evidence-based mental health services. The leading authority on this topic in the U.S. is the Substance Abuse and Mental Health Administration (SAMHSA). SAMHSA highlights several EBPs because they work particularly well to help people manage even very serious symptoms of mental illnesses. The longest-standing EBPs include:

- **Permanent Supportive Housing:** Staff offers flexible, voluntary services designed to help people choose housing that meets their needs, obtain and pay for that housing, and keep the housing as long as they choose. Housing is safe and similar to that available to others at similar income levels. Tenants sign a standard lease and typically pay 30% of their income toward rent and basic utilities. Continued tenancy is not tied to special rules or participation in any particular services. [Read more, including the evidence to support this practice.](#)

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The Importance of Evidence-based Mental Health Treatments and Services, continued

- **Supported Employment:** In Minnesota, the evidence-based supported employment model available for people with serious mental illnesses is called Individual Placement and Supports (IPS). IPS's features include: no eligibility criteria beyond having a mental illness and wanting to work; employment specialists coordinate closely with other members of the person's treatment and service team; people work in the open labor market in competitive jobs; people receive benefits counseling to understand how any benefits they receive are affected by working; people receive job seeking assistance when they feel ready to work; support continues after the person is hired; and choices are based on the person's preferences and goals. [Read more, including the evidence to support this practice.](#)
- **Assertive Community Treatment (ACT):** ACT teams are made up of a psychiatrist, mental health professional (e.g., a licensed therapist), chemical dependency specialist, employment specialist, nurse practitioner, and often a certified peer specialist (a mental health practitioner who is living in recovery and working on a peer-to-peer basis). Comprehensive, personalized services are provided where and when they are needed, such as in the person's home or workplace, and they are available 24/7. People with ACT teams can receive ACT services as long as necessary. [Read more, including the evidence to support this practice.](#)
- **Integrated Dual Diagnosis Treatment (IDDT):** Mental health and substance use treatment are provided in one setting, at one time and by a professional with cross-training in both areas. Services are matched to the person's stage in recovery. Motivational interventions and a cognitive behavioral approach form the basis of IDDT. Services are available in group, family and individual settings, and any medication services are integrated with other services. [Read more, including the evidence to support this practice.](#)
- **Illness Management and Recovery (IMR):** Many mental health practitioners provide IMR. In IMR, people define recovery and goals for themselves, learn about their mental illnesses to help guide their decisions, pursue activities and social networks that promote recovery, learn early crisis warning signs and ways to prevent relapse, and gain new strategies to cope with stress and manage symptoms. [Read more, including the evidence to support this practice.](#)

Many of these services can be located on NAMI Minnesota's website [here](#) (go to www.namihelps.org, click on "Support," and then click on "Mental Health Resources").

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The Importance of Evidence-based Mental Health Treatments and Services, continued

Unfortunately, recidivism studies tend to focus only on interventions that involve some kind of corrections response (e.g., mental health courts, probation officers using motivational interviewing, etc.). There simply have not been studies to show whether these non-correctional EBPs impact recidivism for people with mental illnesses. I would go so far as to guess that, if EBPs like supportive housing and supported employment were studied as possible ways to reduce recidivism, they would do well in such studies. I hope I can share studies like that with you someday not too far into the future.

Anna McLafferty is criminal justice director at NAMI Minnesota, or the National Alliance on Mental Illness, and public policy chair on the MCCA board of directors.

An Introduction to Ambien,

Problems of Sleep and the Law: Part I

Authors: Jerrod Brown¹, Beka Vite², Erv Weinkauff³,
Janina Wresh⁴, Lori Borschke⁵, and Matthew-Krasowski⁶

This two-part series will explore how Ambien-related crimes are dealt with under criminal jurisprudence in the United States. This first article will discuss general information related to Ambien use and the complex behaviors that may occur as side effects. The second article will focus on the current state of the legal system concerning sleep-related crimes and evaluate the impact these crimes have on the criminal justice and mental health systems as they pertain to Ambien use.

Although many people rely on medications to fall asleep, few are aware of the significant side effects of doing so. One of the most widely used sleep aids in the United States is Ambien, known as zolpidem in its generic form (Morlock, Tan, and Mitchell, 2006). In rare cases, side effects include sleepwalking, sleep eating, sleep sex, and sleep driving (Sleep Forensic Associates, 2012). The criminal justice system has associated the use of Ambien with offenses such as DWI, motor vehicle accidents, sexual assault and sleep-related violence (Sleep Forensic Associates, 2012). The legal issue is that those under the influence of Ambien take a prescribed medication, unknowingly engage in criminal behavior, and have no recollection of their actions afterward. However, in such cases, the users are frequently either abusing the medication or are taking it along with other drugs or alcohol (Sleep Forensics Associates, 2012).

Sleep Disorders

According to the Institute of Medicine 2006, 50 to 70 million people in the United States experience chronic sleep problems annually. Optimal good night's sleep is essential to a healthy lifestyle. Untreated sleep disorders can lead to serious medical, mental, and psychological disturbances that severely impact a person's overall daily functioning. For example, chronic diseases, motor vehicle crashes and fatalities, poor academic and work performance, and involvement with the law can all be linked to poor sleeping habits. To compound the problem, treatment is often only received several years after a disorder develops.

Insomnia is one of the most commonly reported sleep disorders, experienced by 10 to 15% of the general population (Ohayon, 2002; Drake, 2003; Komada, 2011). People experiencing insomnia may complain of difficulty falling or staying asleep, waking up repeatedly at night or early in the morning, daytime sleepiness, anxiety, depression, lack of concentration, and/or muscle aches (Chokroverty, 2010).

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An Introduction to Ambien,

Problems of Sleep and the Law: Part I, continued

Ambien

Ambien is a prescription medication indicated for the short-term treatment of insomnia in adults and is effective in the initiation, but not maintenance, of sleep (Brown University Psychopharmacology Update, 2011; Rosenberg, 2006). At dosages 10 and 20 times the amount required for sedation, the drug has anticonvulsant and muscle relaxant effects. However, because of the high dosage it has not been approved for these uses (Depoortere, 1986). It has also been theorized that Ambien may have uses in rousing patients from a persistent vegetative state (Boggan, 2006).

Ambien is a non-benzodiazepine sedative hypnotic that selectively binds to the neurotransmitter γ -aminobutyric acid (GABA). GABA produces an inhibitory effect on the release of neurotransmitters and is responsible for the drug's depressant effect on the central nervous system. Ambien is rapidly and completely absorbed in the gastrointestinal tract, and about 70% of an administered dose reaches systemic circulation. It acts rapidly, and its effects are felt within 10 to 15 minutes. (Weinling, 2006; Sanofi-Aventis, 2007).

Side Effects and Complex Behaviors Associated with Ambien

Ambien is generally well tolerated (Harrison, 2005). Its most common side effects are sleepiness, headache, and dizziness (Brown University Psychopharmacology Update, 2011). Other common side effects include nausea, vomiting, diarrhea, amnesia, anxiety, and the feeling of being drugged (Sanofi-Aventis, 2007). Although the common side effects of Ambien are relatively unremarkable, several complex behaviors have been associated with its use. Patients have reported visual and auditory hallucinations, bizarre behavior, agitation, and depersonalization (Sanofi-Aventis, 2007).

Ambien has been linked to several parasomnias, a category of sleep disorders that involve abnormal and unnatural movements, behaviors, emotions, and perceptions. They can occur while falling asleep, during sleep, between sleep stages, or while waking from sleep. The majority of parasomnias are dissociated sleep states between wakefulness and sleep (Bassetti, 2000). Common parasomnias include sleepwalking, night terrors, and confusion arousal. Sleep eating, sleep sex, teeth grinding, rhythmic movement disorder, and somniloquy (yelling or talking during sleep) are other specific parasomnias (Mahowald, 2005).

Sleep eating and sleep driving are two notable parasomnias that occur as a side effect of Ambien. Other reported bizarre sleep behaviors while under the influence of Ambien include preparing food, making phone calls, and having sex. Patients usually have no recollection of these events. These behaviors can occur when using solely Ambien at therapeutic doses. However, concurrent consumption of alcohol and concomitant use of other CNS depressants increases the risk (Sanofi-Aventis, 2007).

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An Introduction to Ambien,

Problems of Sleep and the Law: Part I, continued

Sleep Eating

Nocturnal Sleep-Related Eating Disorder (NSRED) is a sleep disorder where an individual unconsciously engages in obscure eating behavior during sleep (Dang, 2009). Also referred to as Sleep-Related Eating Disorder (SRED), sleep eating, or somnambulistic eating, the phenomenon is a combination of parasomnia and an eating disorder (Schenck, 1994). Although not recognized by the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) or International Statistical Classification of Diseases and Related Health Problems (ICD-10) classification systems, it may be in the DSM-5, scheduled for release in 2013.

Studies have shown an association between Ambien use and NSRED (Dang, 2009). For example, a recent case tells the story of a 45-year-old man who was prescribed 10 milligrams of Ambien once daily at bedtime. One night, his wife awoke to find her husband missing. After searching the house and neighborhood to no avail, she finally found him eating sweets in a convenience store he owned, located just over a mile away. The man was not intoxicated or taking any other medications at the time of the incident. When confronted, he did not know where he was and could not remember anything that had occurred after he fell asleep (Dang, 2009).

Sleep Driving

Ambien has been linked to several incidents of sleep driving (Southworth, et al. 2008). Sleep driving is most often described as a variant of sleepwalking (Pressman, 2011). The broad requirement for sleep driving cases is that the person took the drug with the intent to go to sleep, went to bed, and then arose to drive while only partially awake or in a state of sleep. These incidents have occurred when Ambien was used on its own and when it was ingested with alcohol or along with other medications. Driving under the influence of Ambien may result in impairment, including slow reaction time, unsteady gait and coordination problems, delayed verbal responses, impaired memory, poor verbal comprehension, and disorientation (Liddicoat & Harding, 2006).

Criminal Behavior

There have been several recent cases where bizarre sleep behaviors have resulted in episodes of violence. For example, on February 16, 2007, one woman went into her closet, removed a .357 Magnum revolver, aimed it at her husband's head and fired (Mullane, 2011). In 2009, a man admitted to shooting and killing eight people at a nursing home, but claimed he was not aware of his actions (Weber, 2011). Similarly, another man reported no recollection of drinking vodka, getting into his car in his underwear, driving east in westbound lanes of traffic, and hitting another vehicle (Siedel, 2011). All of these cases involved Ambien ingestion prior to the crimes.

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An Introduction to Ambien,

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Conclusion and Future Research

The role that Ambien plays in illegal behavior is unclear and will be examined further in the second installment of this article. Research on the relationship between Ambien and criminal behavior is rare. However, there exist enough documented cases of reckless, negligent, and violent actions committed by individuals prescribed this medication to warrant future research, especially as the use of such medication continues to increase each year. Mental illness and substance abuse further complicates its study. Longitudinal and meta-analytic research have the opportunity to parse apart these relationships for the courts and law enforcement, providing such agencies with the foundation to make sound decisions determining the *actus reus* of criminal behavior. Part II in this series will focus on the current state of the legal system concerning sleep-related crimes and evaluate the impact these crimes have on the criminal justice and mental health systems as they pertain to Ambien use.

About the Authors:

Jerrod Brown, MA, MS, MS, MS is the treatment director for Pathways Counseling Center, Inc. and the founder and CEO of the American Institute for the Advancement of Forensic Studies (AIAFS).

Beka Vite, JD Candidate graduated from Lawrence University in 2010 with a degree in biochemistry and philosophy. Currently a law student at William Mitchell College of Law graduating in May 2013.

Erv Winkauf, MA is a retired 40-year law enforcement veteran who also has 19 years teaching experience. He currently serves as criminal justice department chair at Concordia University, St. Paul.

Janina Wresh, BA has 18 years of experience in law enforcement including but not limited to: forensic crime laboratory; 4th Judicial Courts and Adult Detention Center affiliation; deputy sheriff and police officer; domestic abuse response specialist; crisis intervention specialist; crime scene technician; AIAFS COO; adjunct criminal justice professor; founder and president of MN Association of Evidence and Property Specialists (MAPET).

Lori Borschke is the owner and executive director of Pathways Counseling Center, Inc. Pathways' focus is to provide programs and services that benefit individuals impacted by mental illness and addictions. Additionally, Ms. Borschke is the chief advising officer for AIAFS. Her education and experiential background is in human services, criminal justice studies, and business.

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