

George W. Woods Jr. M.D.



December 29, 2014

Arizona Board of Executive Clemency
1645 W. Jefferson
Suite 101
Phoenix, Arizona 85007

RE: Jacob Wideman 070340

Ms. Kirschbaum and Members of the Board:

Jacob Wideman is appearing before this Board, seeking parole, on January 8, 2015. I am writing to confirm my findings and opinions in the various reports and letters that I have presented to this Board in May of 2012, May of 2013, and November of 2013.¹ Those reports were generated after thorough neuropsychiatric examination and scrutiny of Jacob's records and background. My testimony at the May 2012 and the May 2013 hearings elaborated on my conclusions. It is my conclusion today, as it has been since I first examined Jacob Wideman that, to a reasonable degree of neuropsychiatric certainty, there is more than a substantial probability that Jacob, if freed, would not re-offend.

Jacob has an organic condition known as Temporal Lobe Syndrome (TLS). TLS, along with other factors, including his youth, contributed to his single act of violence, twenty-eight years ago, at the age of sixteen, which took the life of Eric Kane. TLS is a neurological disorder that may, at times, have psychiatric manifestations. It is important to note that there are thousands and thousands of people with treated TLS living invisibly amongst us. That Jacob has TLS does not obviate my determination that he is an exceptionally strong candidate for parole and that there is little or no evidence suggesting that he might be likely to re-offend. Further, that Jacob has had one isolated instance of horrible violence over the entirety of his life does not make him more likely to commit an act of violence in the future.

Over the course of Jacob's previous parole hearings, a number of questions and concerns have been raised about TLS, the treatments for TLS, and Jacob's prognosis going forward. A theme

¹ My qualifications, experience and rates are enumerated in my Curriculum Vita, appended as Attachment 1.

that has arisen repeatedly is whether or not Jacob's TLS has been "cured," and whether, if TLS has not been cured, Jacob can be considered unlikely to reoffend if he were released on parole. I will do my best to address that concern here with as much clarity as possible.

TLS is an organic, neurological condition, consisting of an electrical abnormality in Jacob's temporal lobe. Untreated TLS causes seizures that manifest as unusual behaviors, such as obsessional thinking, compulsive behavior, emotional motility, or bizarre beliefs or actions. Jacob's records show that in his youth, his seizures manifested as a feeling he describes as "an adrenaline rush," as well as obsessive thinking which can escalate to compulsive behavior, as it did in 1986.

In assessing Jacob's mental health and readiness for parole, the germane question is whether Jacob's TLS is effectively treated and managed, not whether it is cured. TLS cannot be cured.² However, when TLS is treated effectively, the symptoms that one experiences are infrequent, mild, and easily managed, even though the underlying neurological condition will always remain present to some degree. The difference between untreated and treated TLS is like the difference between untreated and treated diabetes; the treatment eliminates the symptoms of the condition, even though the underlying neurological condition remains and can never be "cured."

Jacob's TLS is treated and managed very effectively. Today, and for many years, the only symptoms of TLS Jacob experiences are rare and mild feelings of stress and anxiety, similar to the feelings of stress and anxiety all people feel in their day-to-day lives.

Over the past twenty years, Jacob has utilized a number of strategies for managing the symptoms of TLS. He has attended group and individual counseling, taken medication, and learned to utilize Dialectical Behavioral Therapy (DBT). In the past, anti-seizure medication has been helpful in reducing some of the feelings he came to be able to identify as symptoms of TLS. In 2003-2004 in the DOC, Jacob was trained in DBT, which has provided him with a set of coping skills and techniques for consciously addressing TLS symptoms. DBT is a well-known form of cognitive behavioral therapy. As Jacob has become adept at consciously controlling his TLS symptoms with DBT, his need for medication diminished, and he has not needed any medication in many years. To put it another way, Jacob has become so successful at managing any TLS symptoms before they progress that he no longer reaches a threshold where medication would be necessary or helpful. DBT has become a way of life for Jacob. Whether because of his extremely effective management of his condition or because the symptoms of

² During past parole hearings for Jacob, various witnesses have falsely asserted that I have written in reports that Jacob has been cured of TLS. This is not true. I have never and would never assert that Jacob's TLS has been cured.

TLS have simply faded to the point of non-existence because of aging and brain maturation, or for both reasons, TLS no longer presents as a medical or psychological problem for Jacob. It is my understanding that, once again, Jacob's past year has been one of calm and productivity. This is further evidence of his readiness for parole.

Jacob has not had any intrusive or obsessive thoughts for many years. At past parole hearings, Jacob has described to the Board that he does occasionally feel anxious or stressed. Jacob is able to completely cope with those very normal feelings of anxiety and stress by using strategies he has learned in DBT. Those feelings do not linger and they do not transform into obsessions or compulsive behaviors. They are the same feelings of stress or anxiety we all feel.

The fact that Jacob will always have an organic, neurological condition absolutely does not mean that he cannot remain at liberty in society without violating the law. In 1986, the fact that Jacob's TLS was undiagnosed and untreated was a contributing factor in his violent outburst. However, there is no one-to-one correspondence between TLS and violence, just as, for example, there is no one-to-one correspondence between clinical depression and suicide. It has been and remains my professional opinion, to a reasonable degree of neuropsychiatric certainty, that there is more than a substantial probability that Jacob will remain at liberty without violating the law, and that he would positively contribute to any community of which he may be a part. The exceptional support Jacob has had from family, friends, and his attorneys, and most importantly, his wife, has not diminished over the years. I am confident that, with this support, Jacob's transition into the community will be successful. In the course of my career, I have rarely, if ever, encountered a potential parolee with as much talent, support, or promise as Jacob has, nor one with as notable a prison record, almost devoid of disciplinary problems, and replete with authentic and enduring efforts to better himself and those around him.

A handwritten signature in black ink, appearing to read "George Woods", with a large, stylized flourish on the left side.

George Woods, M.D.