EXHIBIT C5

Dina C. Nash, Criminologist

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Education Relevant to Testimony:
Master's in Social Work, Administrative and Clinical MSWs
University of Arkansas Graduate School of Social Work, Little Rock

Master's in Criminology and all Ph.D. coursework: Emphasis on Biopsychosocial Criminology,Florida State University, Tallahassee

Professional Experience Relevant to Testimony:
5 years of Criminology/Crim. Justice Teaching at NW Arkansas Comm. College, Bentonville: took classes each year to Cummins

4 years of Sociology teaching: 2 years of Sociology teaching at UALR: took classes each year to Cummins; 1 year teaching Social Work at Stephen F. Austin State University: took classes to Huntsville Unit, Texas DOC; and 1 year teaching Sociology at Franklin College, Indiana.

28 years of counseling and psychotherapy: did drug treatment, 3 years, inpatient and outpatient; 4 months, adolescent gang therapy in New York City; expert witness in child abuse cases in local courts.

1 year as Administrator, AR Status Offender Program, 15 counties in NWA, administering grants to juvenile community programs.

Volunteer Work Relevant to Testimony:
13 trips to Cummins' Therapeutic Community to work afternoons with groups of inmates with severe mental health problems as guest therapist.

15 trips to Tucker's Pre-Release Program to prepare inmates for release.

Published several Op Eds on Prison Reform. Provided 40 self-help books for Mentoring Program at the Ouachita Unit in Malvern.

Goal of Testimony:

To raise awareness of need for more and earlier treatment of mental health issues such as ADHD and trauma,

Because of our prison crowding problems, to urge committees to strongly consider **the under 21 bill**, giving a second look to inmates who have served a long time already, a consideration recommended due to the lack of maturation of the brain before 25, and the **elder selective release bill**, due to the fact most offenders age out of crime after about 60.

To raise awareness of the emotional learning disability in the brain of sociopaths and to encourage special treatment with stimulants and Cognitive Behavioral Therapy in prison.

To raise awareness of the brain damage of many inmates and to encourage the DOC to take measures to address this during diagnosis and treatment.

To support every effort possible to prevent minor offenders from being mired in jail or prison, and to encourage increased use of pre-release and diversion programs in their communities.

Our prisons need to be more therapeutic and to produce better results. Punitive and custodial measures produce only bitterness, anger, and criminal savvy, not rehabilitation. Not only is the individual offender not served by our system as it is, but neither is the public's safety. Other countries such as Norway have proven this, year after year.

OPENING STATEMENT

Good morning and thank you for listening. My name is Dina Nash, and I'm a retired criminologist and social worker living in Fayetteville. I am SO glad you are holding these hearings because I've had things I wanted to contribute, for decades!

I have been a college teacher of Criminology for 5 years at NWACC in Bentonville, where I was the Chair of the Crim' Program: I taught sociology for 4 years including 2 years of Corrections and Juvenile Delinquency courses at UALR; and I taught Sociology at Franklin College in Indiana, and at Stephen F. Austin State University in Texas. In each of these situations, I took my students to the maximum security units of the state prisons. I was fond of taking students there, because the presentations by inmates and staff dispelled so many misconceptions the public has, and it made students going into criminal justice professions so much more realistic about the pros and cons of prison life and services. Most of them were disappointed in what goes on there. They had thought there was actual rehabilitation work going on most of the time. In truth, rehabilitation programs are short and very far in the future of most inmates. Most of the inmates' time is spent in boring jobs with frustrated people all around them. One good thing is that there is more job training available than in the 80s.

When I lived in Little Rock, I was able to more easily access the various units of the DOC, and I have visited all but two of them. Mostly, I was either taking college students to visit the units or I was doing therapy in either the pre-release program at Tucker or at the Therapeutic Community at Cummins. I went to Tucker 15 times and to Cummins 13 times, helping the psychologists treat the various mental health and addiction problems of the inmates.

Participating in the treatment and pre-release programs, I learned of the strengths and limitations of these programs. The strengths were that the staff were dedicated and committed to working with what they had, to try to show inmates a better way to handle their problems. The limitations were that the whole system had not converted to that of a rehabilitation model, and inmates were boxed into a meaningless existence with very little chance to practice or learn new positive behaviors. And they would not be eligible for a treatment program until they had served most of their sentence already. This is still a problem, and because inmates have not gotten insight into how they are creating their punishment, they keep digging their hole deeper and deeper, racking up offenses inside the units.

When I saw that the Therapeutic Community in the 80s and 90s was getting deep into the emotional trauma and anti-social coping behaviors of the inmates, I was excited, because I saw real changes going on in very tough guys with great masks on. When prisons switch to positive reinforcement and earlier and deeper therapies, inmates get what they needed in their lives: they get tools for understanding and caring about themselves and others. There has to be some sort of dignity given to offenders, especially those who want to improve and become assets to society.

When we subject people to custodial and punitive care, they become the toughened criminals we don't want them to be. We have to put our money and resources where it will create positive, caring individuals who can show empathy. And they need to receive empathy during their time in prison. And we have to come up with more money to do it, because recidivism happens when no changes happen. The most important thing to remember is that treatment costs less than incarceration.

That cost savings, several areas of diagnosis and treatment, and the two selective release bills are what I plan to talk about today. —Dina Nash