UAMS | Psychiatric Research Institute

CDU PARENT HANDBOOK

It is easier to build strong children than to repair broken men.

-Frederick Douglass

Introduction

Welcome to the Child Diagnostic Unit (CDU) at the UAMS Psychiatric Research Institute (PRI). We understand that hospitalization of a child is often a stressful experience for both a child and his or her parents as well as other family members or caregivers. This handbook provides information and clarification about the unit. We hope this will make, what can feel like an overwhelming process, a more manageable one for both you and your child.

This handbook contains general information. You may have many specific questions and concerns throughout your child's stay. Please do not hesitate to ask us. You may contact the milieu manager with questions/concerns 501-526-8508 or the unit at 501-526-8510.

Purpose of the CDU

The purpose of the CDU is to provide an interdisciplinary comprehensive diagnostic evaluation of children who are experiencing psychological difficulties. Our job is to complete a thorough assessment and to recommend appropriate services for your child and family when he or she is discharged. Psychological and emotional difficulties in children are often reflected in behavioral problems such as hyperactivity, difficulty paying attention, and impulsive behavior. Often children exhibit emotional difficulties such as depressed or sad mood, and they may make statements that they wish to harm themselves or others. Some children may actually do things that are dangerous to themselves or others. Other issues that can affect how a child is doing at home and school include learning difficulties, developmental delays, and acute sensitivity to noise or touch. Besides these things, there are other factors that contribute to a child's difficulties. Some examples are family conflict, living in a rough neighborhood, recent illnesses, moves to new locations, or even losses/deaths of family members or friends. These factors can be very powerful in a child's young life. Therefore, it is important for us to gather information from you regarding you and your family.

Your child will be assigned a family and individual therapist, a psychiatrist, and a primary nurse. In addition, many other staff here will contribute to your child's care and in the information gathering and assessment process. Nurses and PSA's (Patient Services Associates) are with your child 24 hours a day and often get the best glimpses of how your child behaves in a variety of different situations. They will also help your child adjust to the CDU, help them with basic daily living skills if needed, and comfort your child when he or she is upset.

CDU Model of Care

The CDU uses a model of care called "Collaborative and Proactive Solutions" (CPS). It was developed by Dr. Ross Greene, and this model is a cognitive behavioral program that focuses on how adults interact with children to manage their behavior.

A basic premise of CPS is that "kids do well if they can." This means that if they are not doing well, it is because they are unable to do so. Therefore, our job becomes finding out why they are not doing well and what we can do to help them. It is easier to look at the deficits as a lack of skill, rather than will. This paradigm helps us to better adjust our lens of the child to gain a better understanding.

Another basic premise of CPS is that 98-99% of all children who arrive at the CDU already know that it is wrong to hit others, to swear, to act aggressively, etc. Since they already know this, then our job is not to find motivators to get them to stop swearing and hitting, but to understand when they are likely to hit or swear. Likely, motivators have been tried for quite some time, and have either failed miserably or had inconsistent results. We want to find out what it is about those situations that causes a child to consistently respond by becoming angry, frustrated, and often aggressive.

A third premise of CPS is that "meltdowns" are not good for kids. When a child has lost control and is enraged, an opportunity to teach has been lost. A child who is very angry is not able to reason and is more likely to hit or swear in that state. So, our job is to calm him/her down as quickly as possible. Then, we may have the possibility of talking with them and learning why they became so upset.

CPS is a model that believes the greatest opportunity for learning occurs when a child is calm and not upset about something. We are looking for opportunities to learn what makes a particular child frustrated as this will tell us more about where they are having difficulty. As a result, we are most interested in what happened (in lots of detail) before he/she got upset. We are not as nearly interested in the detail in what he/she did <u>after</u> they became upset. Traditional programs focus on what happened after someone was upset, then set consequences based on what the child did when they were upset.

What we are interested in, is learning why and under what circumstances a child becomes upset, and then, working to find ways to handle that situation without becoming frustrated to the point of having a "meltdown." Because of this approach, the unit may look somewhat different from other traditional psychiatric units. It may not look as calm, in fact,

it may look almost chaotic at times. Since many of the children we have on the unit have difficulty managing anger, we could have several children at one time becoming upset. If we kept everyone calm all the time, we would learn nothing about what is frustrating these children.

The staff determines the approach they will use with a child based on our priorities of what is most important for us with a particular child while they stay at the CDU. CPS describes the decision making that an adult uses to determine the approach as 3 separate plans:

- **Plan A** is imposing adult will. It is the traditional way kids learn what to do and what not to do. This works for about 95% of children. These are not children who end up being hospitalized on a locked psychiatric unit. The children we see often in psychiatric facilities do not usually respond cooperatively to Plan A approaches. So on the CDU, Plan A is saved for expectations that must be enforced, such as safety concerns.
- **Plan C** is deciding to let something go momentarily. We do not care enough about it to make a big deal out of it. We ignore it, or we agree to what a child has requested, in hopes of coming back to address it when the child is in a much more calmer and rational state. An example of a Plan C situation is a child who has not brushed his teeth. While we see hygiene as a value and want children to be able to perform their daily living skills that is not why they are on a locked psychiatric unit. So, we may suggest that they brush their teeth, but we will not struggle over it and insist our expectation be met to the point of having the child become aggressive or have a "meltdown". What you may see is a staff member coming back to this scenario once the child has calmed down, and begin to further discuss what it is about brushing their teeth that bothers them.
- **Plan B** is where the learning takes place and where we want to concentrate our efforts. When a child is becoming frustrated we may try to have a Plan B intervention. This is called "Emergent Plan B." We will show our empathy for their being upset and ask to help solve the problem. Plan B is a willingness to hear out what the child is saying, and help to problem solve what can be done. The adult does not go into the interaction with a preconceived solution that has to be met. It is agreeing to compromise and come up with a solution with which both parties are comfortable. In this scenario, the adult has to remain flexible. This is a teaching opportunity for both adult and child. It is an opportunity to try to understand how

the child is thinking about the situation that is upsetting him/her and an opportunity to teach alternate solutions to becoming increasingly angry. The best teaching opportunity is to wait until a later time, and then have a Plan B interaction. This provides a chance for teaching a child skills that they may use to handle the situation that had initially caused them frustration.

A fourth premise of CPS is that we do not want a child to disrupt the milieu. This means that when a child is aggressive, it not only affects him; it affects the whole unit. We talk about helping a child become "workable" so that we can help them when they are frustrated. If a child is continually aggressive, we say that the child is "not yet workable." Our job is to assist him/her in becoming "workable." There are several ways we do this: we talk with him/her, we may have to keep him/her away from large groups of kids on the unit so we can keep the milieu calm, or we may talk with you about medication to assist your child in becoming "workable."

We welcome your feedback, questions, and comments. If you want to learn more about our approach and what we are doing on the unit, you can ask questions at the time, or talk in more detail with the individual or family therapist or the psychiatrist working with your child.

Your participation is vital to our being able to provide the best possible care for your child. We welcome you sharing information with us and asking questions about our treatment. We encourage visitation on the unit during your child's stay with us. We welcome your observations. We consider you a part of our team.

Through these innovative and unique approaches, the staff of the CDU aspires to provide child and family centered care that establishes respectful, nurturing care leading to the development of trust and openness. We strive to be teachers, role models, astute observers of behavior, and collaborators with children and their families.

Expectations for Parents

We understand that it is vital to involve the family of a child that is struggling as much as possible. We want long term success for the children and families that spend time on our unit. For this reason, the following are what we expect of the child's caregivers:

Family Therapy

- *It is expected that you make time for at least one family therapy session per week during the time that your child is on the unit. Amanda Taylor is the unit therapist. She will arrange these times with you upon admission. Her contact number is 501-952-3902.*

Behavior on the Unit (of parents)

- *Interaction with other children: Some interaction with other children on the unit is inevitable, however, we ask that you focus on your child during their stay. Parents are not allowed to hug, hold, or have other children sit in their lap. We also ask parents not to redirect children other than their own.*
- *Electronic devices: No electronic devices will be allowed on the unit (cell phones, electronic readers, music players, etc.)*
- *When being let onto the unit, ALL belongings will be placed in a secure area. This is for the safety of our children and to assure that no belongings are lost/stolen/damaged on the unit.*

Food

- *Food will not be provided for parents. There are several locations at the hospital where you can obtain food.*
- *Snacks for kids: Because of allergies and other concerns (fairness and equality) we ask that you allow the unit to provide snacks for your children. If there are specific dietary concerns you may speak with the milieu manager, Lucas White (501-526-8508). No outside food or drinks are allowed. Occasionally, exceptions may be made regarding specific holidays. These must be approved by the milieu coordinator in advance.*

Siblings and Younger Family Members

- *No person under the age of 18 is allowed to visit on the unit. If there are minors in the family that would be important to have visit during the child's stay. Occasionally, family therapy may need to involve visitation with the younger siblings, but will be facilitated through the therapist Amanda Taylor. Even then, the meetings will be held off the unit. There are no exceptions to this rule.*

Seeking Clarification/Exceptions

- *If there is confusion or a question regarding any of the policies or practices on the unit, you are more than welcome to contact the milieu coordinator, Lucas White 501-526-8508.*

What your Child Needs on the Unit

- *Clothes: We ask that you bring five complete changes of clothes for your child that is staying on the unit. We also ask that you bring 1 pair of close-toed shoes. Your child can also have a pair of flip-flops or house slippers to wear on the unit, but this is not necessary. We ask that clothes be appropriate both in style and message. Clothes are to have no*

strings or drawstrings. Know that if clothes have strings in them, the strings will have to be cut out/off. Below are examples of inappropriate clothing:

- *Inappropriate: tank tops, spaghetti straps, dresses/skirts (these may be worn, but we ask that they wear shorts underneath), shirts with any adult language or theme (i.e. cursing, alcohol/tobacco images, etc.), short shorts (shorts should be near mid-thigh in length)*

- *Hygiene Items: We provide hygiene items for children on the unit. The only reason why they would need to have them is if they have a special need due to sensitivities or if the child has a particular preference.*
- *○ Luggage: We ask that you take home with you the luggage that was used to transport your child's belongings after we inventory the items.*
- *Toys: We understand that some toys may be important for your child to have, but there is a high probability of damage and/or the item being misplaced on the unit. This must be taken into account when bringing a personal toy to the unit. If nursing staff deem a toy to be inappropriate or not suitable for the unit, the medical directed and/or milieu coordinator will make the final decision. If a child is throwing their belongings, they may be momentarily removed due to safety concerns. Should the items continuously be a safety concern, they will be sent home with the parent, or put up for the remainder of the stay.*

  The CDU is not held responsible for any lost, damaged, or misplaced items.
- *Electronic Devices: Children are not allowed to bring electronic devices onto the unit. That includes all toys with batteries.*
- *Personal Items: We ask that you consider carefully any item that you plan to bring to the unit. We do our very best to help the children keep track of their personal belongings (Inventory Sheet completed at admission); however, our first priority is the safety of the children and their therapeutic needs. Many items are damaged/destroyed/misplaced on the unit over the course of a child's stay. Please keep this in mind when you are planning to bring items onto the CDU. Basic Rule of Thumb: if it cannot be easily replaced, please do not bring it on the unit.*

Interactions on the unit

- *Work with Your Children: We may talk to you and coach you through different approaches that we have found effective when working with your children. We ask that you be cooperative through this process so that we may discover more effective strategies of helping the child.*
- *Physical altercations: Parents are not to intervene in any way if there is a physical altercation between two children on the unit, or between a child and staff. All staff is trained to appropriately and effectively handle these situations.*
- *Redirecting Other Children: We ask you to always refrain from redirecting other children on the unit. This can be difficult especially when it may involve your child, but it is vital to the function of the unit. If there is anything on the unit that you are concerned about, please make the nearest staff aware of the situation.*

Getting Onto the Unit and Policies Associated with Visitation

- We have a process that must be followed for letting visitors onto the unit. This process is important for you and your child's safety. The following procedures outline what will happen upon your arrival to the unit. Please know that when you arrive to be let onto the unit, it could take several minutes for a member of staff to become available to assist you. We apologize for any delay, but the safety and care of the children always takes priority. Shift change occurs at 2:30-3:00 pm and may present longer delays than usual.
- If there is a pattern that is consistently formed in regards to bringing items on the unit that are not allowed, or demonstrating behaviors that are inappropriate/go against any of our policies, further discussions may occur regarding future visitations being limited or only in the supervision of staff.
- When filling out the visitation and phone contact sheet, to the best of your knowledge, do not include friends or relatives who are not allowed to have contact with children. Should there be legal documentation presented at a later date that states otherwise, the contact will be removed from the list, and unable to have future communication with the child.
- We cannot restrict visitation between parents unless there is a court order that clearly delineates the rules and guidelines of the restrictions.
- Supervised visitations and phone calls will be upheld, but must be scheduled with the therapist or milieu coordinator in advance.

Visitation Procedure

1. Call the unit phone or ring the bell outside of the unit to let staff know that you are here, and provide the password for the child you are here to see.
2. The employee will bring you into a room that will secure any items that are not allowed on the unit (see the above section for an idea of these items)
3. You may be asked to produce photo ID in order to confirm your identity and/or age.
4. You will be passed over with a metal detector.
5. You will sign in and proceed to the unit

Phone Calls

The CDU phone number is **501-526-8510**
The milieu coordinator's phone number is **501-526-8508**

We encourage you to call your child during the hours they are awake which is usually between the hours of 8:00 AM to 8:00 PM. If we have a high volume of calls, we may ask you to call back in 10 minutes. If your child asks to call you, we will assist them with the call. There are no restricted hours outside of 8:00 AM to 8:00 PM for outgoing calls to a child's family. However, if a child is in group or individual assessments, they may be asked to wait until afterwards to make a call. Of course, if there is an emergency or therapeutic reason for the call, they may occur during this time at the discretion of the nurse. At the time of admission, we ask that you provide the list of individuals' names who you desire to allow contact with your child. You will also be asked to provide a "password" unique to your child that will be asked to any individual desiring contact.

Visitation Policy

Parents and legal guardians are the only ones allowed to visit on the unit. Some expectations can be made for those over the age of 18 who live in the same home as the child but these will be reviewed case by case and up to the discretion of the medical director. No siblings under the age of 18 will be allowed on the unit. In person visits are allowed between the hours of 10:00 AM and 4:00 PM. Due to only one family (one or both guardians) being allowed on the unit at a time, these visits are limited to 2 hours in length. You can schedule a visit for 10:00 AM to 12:00 PM, 12:00 PM to 2:00 PM and 2:00 PM to 4:00 PM. You do not have to use the entirety of this time slot but it will be reserved for you. Please schedule visitation times with the nurse before arriving to prevent conflicts in the available visitation times. Video calls can be facilitated through our therapist, Amanda Taylor.

Daily Routine

Each day the children engage in a variety of activities and therapeutic groups. The children are also periodically pulled for individual assessment/activities. The following details the general schedule that is followed on the unit. The schedule may change as needed throughout the day but should be maintained as closely as possible to provided good structure.

DAY SHIFT DURING WEEKDAYS

TIME	ACTIVITY
BEFORE 7:00	If a child happens to wake up during this time period, it is best to try and encourage them to go back to sleep. If they are unable to go back to sleep, providing them with an activity to do in their room would be best in order to minimize disruption on the unit.
7:00-7:15	**Hygiene and Vitals:** The children began to wake up at this time, they can complete their morning hygiene routines and get their vital signs taken.
7:15-8:00	**Breakfast:** Breakfast should be arriving to the unit about this time. Before the breakfast is given, vitals and morning hygiene should be completed. This should not be pushed to the point of meltdown, but it should be understood if the child chooses to complete morning routine after breakfast, it will be completed after breakfast.
8:00-8:15	**Room Check/Cleaning:** This will require multiple staff going room to room in order to check for cleanliness. The goal is to place clothes on shelf, remove trash/old food, and place toys in toy box.
8:15-8:30	**Community Meeting:** This group preps the kids for what to expect throughout the day. Staff open dialogue with patients over unit expectations and collaborate on a goal for each child. A tentative schedule is set and staff addresses any questions from the patients.
8:30-9:00	**Leisure activity:** Patients participate in relaxed activity such was watching tv or card games.
9:00-10:00	**Group Activity:** Patients participate in one of the facilitated group activities such as occupational therapy or speech therapy group, table games with nursing staff or a craft.
10:00	**SNACK TIME:** Timing will be dependent on the availability between group activities.
10:00-11:00	**Group Activity:** Patients participate in one of the facilitated group activities such as occupational therapy or speech therapy group, table games with nursing staff or a craft.
11:00-11:15	**Lunch prep**: picking up activities, washing hands, transitioning downstairs.
11:15-11:45	**Lunch**: This meal can take place on the unit in the day area or downstairs in the cafeteria.
11:45-12:15	**Outside Time:** If the weather permits, this is a great opportunity for the children to play outside, either in the courtyard or on the playground. If the weather is bad, this can also be used as a short movie time.
12:15-1:30	**Group Activity:** Patients participate in one of the facilitated group activities such as occupational therapy or speech therapy group, table games with nursing staff or a craft.

1:30	**SNACK TIME** Timing will be dependent on the availability between group activities.
1:30-3:00	**Group Activity:** Patients participate in one of the facilitated group activities such as occupational therapy or speech therapy group, table games with nursing staff or a craft.
3:00-3:30	**Room Time/Cleaning:** This will require multiple staff going room to room in order to check for cleanliness. The goal is to place clothes on shelf, remove trash and tidy up toys.
3:30-4:15	**Recreation group:** Therapeutic activity planner coordinates group with kids including gross motor games, introduction groups for new patients and special activities.
4:15-4:45	**Leisure activity:** Patients participate in relaxed activity such was watching tv or card games.
4:45-5:15	**Dinner Time:** The children will eat in the day area. It is important to consider seating arrangements in the day area in order to avoid unnecessary disruption.
5:15-5:30	**Shower Time:** The children may require varying levels of support during bathing. We must make sure that they have indeed showered, however, we should not engage in a power struggle with a child over the issue of shower time. If a child refuses to shower, and it cannot be determined why the child does not want to take a shower, it should be passed on to the next shift in order to keep working with the child on why shower time is difficult.
5:30-6:00	**Quiet Time:** This is an opportunity for the children to relax in their room until the next activity begins.
6:00-7:30	**Movie group:** Children watch a movie in the sunroom. Only movies rated G or PG will be shown. Snack will be provided at the beginning of the movie.
7:30-8:00	**Leisure Group:** This is an activity group that is more focused on recreation or arts and crafts. Children will be called at one at a time for evening medications and assessment by evening nursing staff. All children will be encouraged to make a phone call before bedtime.
8:00	**Bedtime:** Children transition to their rooms for bed. If they are unable to fall asleep at this time, a quiet activity can be provided for a short time to help with transition. Sound machines can be provided to those who need them.

WEEKEND

*****There is a great deal more flexibility to the weekend schedule compared to a weekday. This should be viewed as a very loose representation of the weekend schedule.

TIME	Activity
BEFORE 7:00	If a child happens to wake up during this time period, it is best to try and encourage them to go back to sleep. If they are unable to go back to sleep, providing them with an activity to do in their room would be best in order to minimize disruption on the unit.

7:00-7:15	**Hygiene and Vitals:** The children began to wake up at this time, they can complete their morning hygiene routines and get their vital signs taken.
7:15-8:00	**Breakfast:** Breakfast should be arriving to the unit about this time. Before the breakfast is given, vitals and morning hygiene should be completed. This should not be pushed to the point of meltdown, but it should be understood if the child chooses to complete morning routine after breakfast, it will be completed after breakfast.
8:00-8:15	**Room Check/Cleaning:** This will require multiple staff going room to room in order to check for cleanliness. The goal is to place clothes on shelf, remove trash/old food, and place toys in toy box. On Sunday, if possible, the sheets should be changed in each room.
8:15-8:30	**Community Meeting:** This group preps the kids for what to expect throughout the day. Staff open dialogue with patients over unit expectations and collaborate on a goal for each child. A tentative schedule is set and staff addresses any questions from the patients.
8:30-10:00	**Leisure activity:** Patients participate in relaxed activity such was watching tv or card games.
10:00	**Snack time**
10:00-11:00	**Group activity:** Children participate in table games or craft activity with nursing staff.
11:00-11:15	**Lunch prep**: picking up activities, washing hands, transitioning downstairs.
11:15-11:45	**Lunch**: This meal can take place on the unit in the day area or downstairs in the cafeteria.
11:45-12:45	**Outside Time:** If the weather permits, this is a great opportunity for the children to play outside, either in the courtyard or on the playground. If the weather is bad, this can also be used as a short movie time.
12:45-1:15	**Quiet Time:** This is an opportunity for the children to relax in their room until the next activity begins.
1:15-3:00	**Leisure activity:** Patients participate in relaxed activity such was watching tv or card games.
3:00-3:30	**Room Time/Cleaning:** This will require multiple staff going room to room in order to check for cleanliness. The goal is to place clothes on shelf, remove trash and tidy up toys.
3:30-4:45	**Group activity:** Children participate in table games or craft activity with nursing staff. This could also be an alternative time to go outside if weather permits.
4:45-5:15	**Dinner Time:** The children will eat in the day area. It is important to consider seating arrangements in the day area in order to avoid unnecessary disruption.
5:15-5:30	**Shower Time:** The children may require varying levels of support during bathing. We must make sure that they have indeed showered, however, we should not engage in a power struggle with a child over the issue of shower time. If a child refuses to shower, and it cannot be determined why the child does not want to take a shower, it should be passed on to the next shift in order to keep working with the child on why shower time is difficult.
5:30-6:00	**Quiet Time:** This is an opportunity for the children to relax in their room until the next activity begins.
6:00-7:30	**Movie group:** Children watch a movie in the sunroom. Only movies rated G or PG will be shown. Snack will be provided at the beginning of the movie.

7:30-8:00	**Leisure Group:** This is an activity group that is more focused on recreation or arts and crafts. Children will be called at one at a time for evening medications and assessment by evening nursing staff. All children will be encouraged to make a phone call before bedtime.
8:00	**Bedtime:** Children transition to their rooms for bed. If they are unable to fall asleep at this time, a quiet activity can be provided for a short time to help with transition. Sound machines can be provided to those who need them.

Note To Our Families

The Starfish Story

Once upon a time, there was a man who used to go to the ocean to do his writing. He had a habit of walking on the beach before he began his work. One day, as he was walking along the shore, he looked down the beach and saw a human figure moving like a dancer. He smiled to himself at the thought of someone who would dance to the day, and so, he walked faster to catch up. As he got closer, he noticed that the figure was that of a child, and that what he was doing was not dancing at all. The child was reaching down to the shore, picking up small objects, and throwing them into the ocean. He came closer still and called out "Good morning! May I ask what it is that you are doing?" The child paused, looked up, and replied "Throwing starfish into the ocean." "I must ask, then, why are you throwing starfish into the ocean?" asked the somewhat startled man. To this, the child replied, "The sun is up and the tide is going out. If I don't throw them in, they'll die." Upon hearing this, the man commented, "But, young man, do you not realize that there are miles and miles of beach and there are starfish all along every mile? You can't possibly make a difference!" At this, the child bent down, picked up yet another starfish, and threw it into the ocean. As it met the water, he said, "I made a difference for that one. Adapted from *The Star Thrower*, by Loran Eiseley (1907-1977)

The CDU graciously thanks you from the bottom of our hearts for trusting us to care for your child during the 28 day stay program. We know it is not an easy task, but we thank you for allowing us to work with your child, and ultimately providing as much information as we possibly can. We greatly enjoy what we do, and have continued to strive in providing the highest level of care that is possible.

Our unit continues to evolve as we find better practices that are more patient and family centered, as well as evidenced based. We are always open to any feedback parents have throughout the stay, and love to hear praises or comments regarding our staff.

-The Child Diagnostic Unit Team

Welcome to the Children's Diagnostic Unit!

When you arrive:

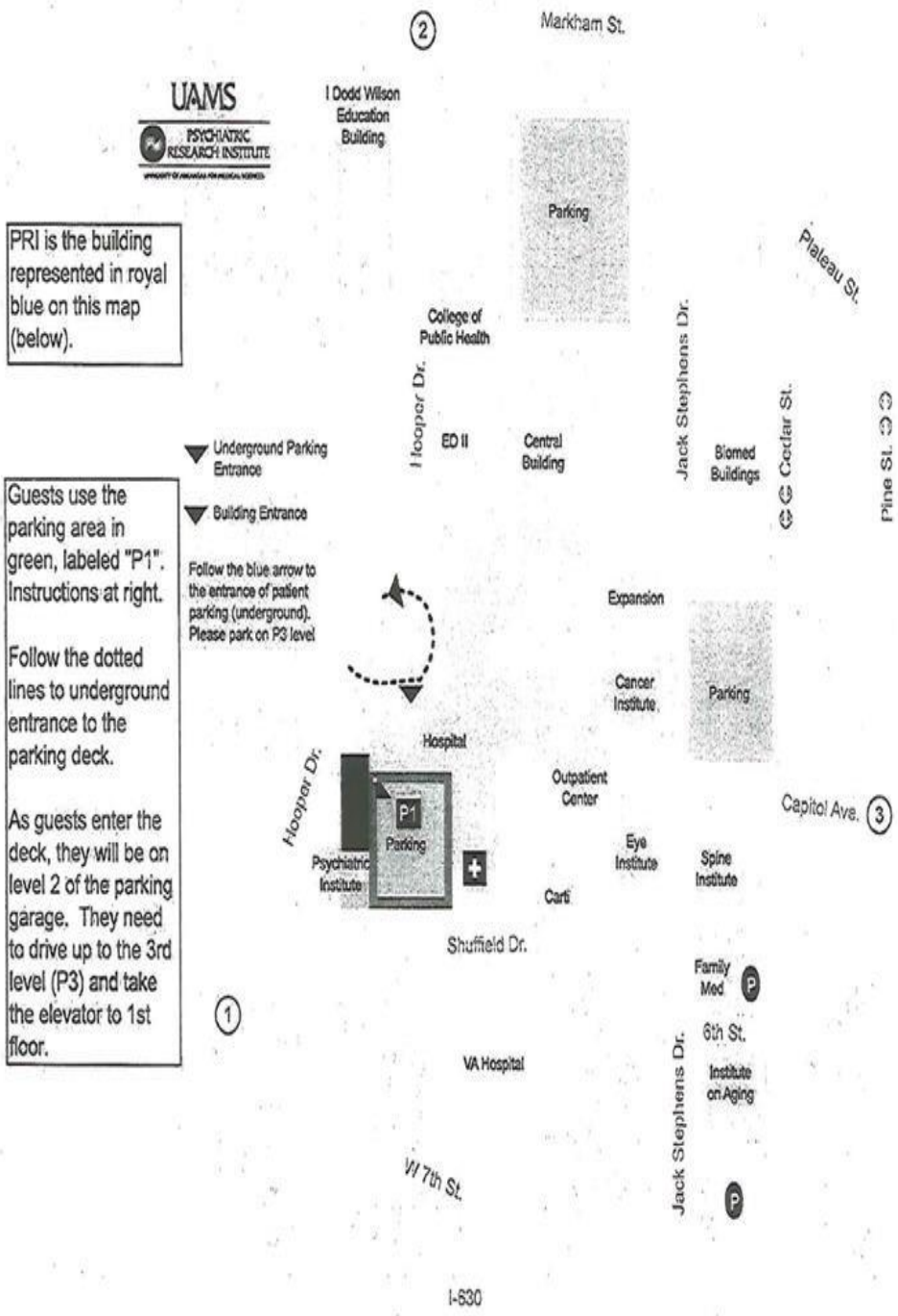
- **Please plan to arrive 30 minutes early.**
- **Plan on being present at the CDU for at least half of the day in order to complete paperwork, interview process, initial session with therapist, and touring of the unit.**
- **We ask that you seek other childcare arrangements for siblings or other small children that may accompany you. The interview portion covers information that young children do not need to hear.**

Items needed for your child's stay:

- **5 day change of clothing: socks, underwear, pajamas and play clothes** o **Only 2 toys are allowed for the unit (cannot be electronic, battery operated, Legos, or other items that can be utilized as a weapon to self or others).**
- o **Hygiene products: tooth brush, toothpaste, deodorant, body soap, shampoo, and conditioner.** ***We provide hygiene items for children on the unit. The only reason why they would need to have them is if they have a special need due to sensitivities or if the child has a particular preference.***
- **Please bring current medications, and continue regular medication administration the day of admission.**

Please do not bring the following:

- Electronics or Valuables
- Weapons or toy weapons
- Clothes with strings



Please take the PRI elevator to the 5th floor.

UAMS Psychiatric Research Institute

4301 Markham St. /#554
Little Rock, AR 72205-7199

UAMS
Psychiatric
Research Institute

Please call with any questions or if assistance is needed in finding the building. Guests use the main hospital parking area Parking 1, labeled "P1". From Hooper Drive, follow the dotted lines (the circle drive at the main hospital entrance) to underground entrance to the parking deck. As you enter the deck, you will be on level 2 of the parking garage. Drive up to the 3rd level (P3) and take the PRI elevator to 5th floor. Press the button on the intercom to let unit staff know that you are there to enter the waiting room. Please bring your parking ticket to the intake for validation.

Please contact me with any questions or concerns:

Social Services Consultant
UAMS, Psychiatric Research Institute
4301 W. Markham St., #554
Little Rock, AR 72205
Office: 501-526-8502
Mobile: (501) 413-6413
Fax: (501) 526-0302