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Welcome to KVC Wheatland,

Our program is designed specifically to help you and your family during your time of need. At KVC Wheatland, you will find a unique combination of compassion and expertise that makes healing possible. Today is the first day of a new journey for your child and your family. Thank you for choosing us to be a part of that journey with you.

Each year, KVC Hospitals provide innovative, effective psychiatric treatment to thousands of youth through both hospital and residential programs. We have the best psychiatric, medical and behavioral health providers who create a nurturing, therapeutic experience and a treatment plan tailored to your child. KVC uses innovative, evidence-based treatment approaches and best practice models to ensure each child’s safety and wellbeing.

As the only children’s inpatient provider in Western Kansas, Wheatland provides a modern, safe, secure and child-friendly environment in a peaceful and private setting. Over 98% of the youth we work with increase their mental health functioning during their time with us. That being so, we feel that anything less than 100% is unacceptable so our employees, while proud, will continue pushing themselves to work harder for you, your child and your family.

At KVC, our dedication to care for your child and family is a value deeply rooted throughout the foundation of our entire organization. We continually ask ourselves, “What would I want for my child?” In addition to holding ourselves to this fundamental standard, we have also achieved accreditation from The Joint Commission, the nation’s oldest and most prestigious healthcare accrediting agency, and considered the gold standard in healthcare. Furthermore, the Annie E. Casey Foundation, a child welfare organization focused on improving the wellbeing of children, has also endorsed KVC as a national best practice organization.

We genuinely hope your experience with KVC Wheatland Hospital is beneficial for your child and family. We want you to know that we always have a compassionate professional here, ready to help. Thank you for allowing us to work with you to care for your child.

Sincerely,

Ryan Speier
President of KVC Hospitals
Our Services

We provide a family-centered approach to care, which supports and encourages family involvement throughout the treatment process. We believe parents are significant members of the treatment planning process, and parents best support treatment when they are involved in therapy and discharge planning.

During your child’s stay, the level of activity and service coordination may feel a bit overwhelming for you. The list below explains some of the services your child will receive. Please remember that a professional is available at all times to answer any questions or concerns you may have during your child’s treatment.

**Medication Management:** Your child will be assessed by a licensed medical professional and medication will be prescribed, as needed, with your permission to best provide for symptomatic improvement.

**Family Therapy:** This vital aspect of treatment is conducted by a licensed therapist with the goal of strengthening the family system. Therapists work to improve communication, enhance your family’s ability to help your child and provide a better understanding of mental health issues and behavioral concerns.

**Individual Therapy:** Our licensed therapists help your child identify and understand his or her interpersonal challenges and learn new coping skills to deal with problems. The overall goal of individual therapy is to improve your child’s level of functioning and quality of life.

**Group Therapy:** Our licensed clinicians provide regular therapy with a small group of your child’s peers, aimed at improving social skills, emotion regulation, enhancing critical reasoning and strengthening communication.

**Nursing Services:** Psychiatric nursing services are provided 24 hours a day and support the psychiatric, behavioral and medical needs of your child.

**Family Education:** Family education is provided by our treatment team and can include information about various behaviors, medication management, de-escalation techniques, time-out and cool-down procedures and emotion regulation. The focus of family education is to help you and your family better understand the treatment process and develop the tools necessary to support your child following treatment.

**Behavioral Education:** Our pro-social behavior incentive program is designed to promote responsibility and self-esteem, measure motivation and enhance positive choices. Your child will learn about our BEHAVIOR Matrix designed to teach expectations for being Respectful, Responsible and Safe.

**Psycho-educational and Group Activities:** These activities include educational activities, anger management training, social skills development, empathy training, therapeutic games and recreational exercise. All activities are directed by trained behavioral health technicians and counselors.
What to bring for Hospital and Residential:

What to bring for Hospital:
- Your driver’s license
- Health coverage and card
- Immunization records if available
- Medications in labeled bottles

What to bring for Residential:
- 3 sets of undergarments
- KVC will provide every child with clothing that is safe and laundered by a professional laundry service

Important Contact Information

Clinical Supervisor .................................................................................................... ext. 6007
Nursing Supervisor ................................................................................................ ext. 6026
Program Director .................................................................................................. ext. 6019

Battery operated CD players, MP3 players (without internet or picture taking capabilities) and small radios are permitted. Video games, video game consoles, movies, cell phones and cameras are prohibited. For safety purposes, children will not be allowed to have glass items, tobacco products, lighters, matches, razors, scissors or any item that could be a danger to themselves or others.

Please ask if you have any additional questions regarding items your child may have or need during his or her stay.

KVC Wheatland Hospital/Residential Program is not responsible for any lost or stolen items.
Patients will participate in the treatment planning process while at Wheatland. The Treatment Team, under the leadership of a licensed psychiatrist and clinical director, represent a multi-disciplinary treatment team that will provide care and coordination of services to your child and family. The treatment team will be primarily comprised of a psychiatrist, therapist, nurse and counselor, but the team may extend to include a psychologist, pharmacist, pediatrician, advanced practice nurse practitioner, dietitian, certified teacher and/or behavior specialist. Upon admission, your child will be assigned a therapist and social worker who will be your primary contact person and treatment team liaison. Our professionals are available for consultation and support throughout the treatment process and can be accessed through contact with your child’s social worker.

While we recognize that hospitalization or residential treatment can be difficult on a family, it is important to know treatment and discharge planning begin immediately upon admission. A KVC treatment team member will be in contact with you within 24 hours of your child’s admission to the hospital and 72 hours to the residential program to gain insight and input in the development of your child’s treatment plan. The treatment team will meet regularly to review your child’s progress. They will work around your schedule, so you can participate in and be a vested member of your child’s treatment process.

**Admission**

The KVC Admissions Department manages all referrals to the Wheatland Psychiatric Hospital or Residential Program. During the admission process, you will be asked to fill out several forms, including consents and contact information. If you wish for your child to maintain contact with a friend or relative while in the hospital, please bring that person’s contact information with you. Referrals for admission may be made 24 hours a day by contacting a KVC Admissions representative at 1-866-KVC-CARE (1-866-582-2273) or 913-621-5753.
The Physical Layout

The KVC Wheatland Psychiatric Hospital and Residential Program maintains 24 beds on the third floor of a three story building in Hays, Kansas. We have used our many years of experience and consultation with The Joint Commission surveyors to develop a child-friendly facility that meets the highest levels of safety and technology. Wheatland is composed of two separate 12 bed units. While these units maintain separate entrances, nursing stations and day rooms, the units are adjoined and provide easy access to one another through a shared door. Both units are physically secured with keyless entry and alarm systems.

Wheatland uses video monitoring and the Safe Lines Program, which is an infrared electronic monitoring system. The system allows patients to move easily on their side of the bedroom, supports privacy and is non-intrusive, while supporting the mission of safety and security of children. These units also have shared access to an educational unit, intake/visitation rooms, classrooms and laundry facility. Upon arriving at the facility, elevators will take you to the third floor. You will then proceed to the waiting area, where a receptionist will greet you. After hours, you may access a call button (push button on the outside) at the front entrance, and a KVC staff member will escort you into the facility.

Safety

Our programs were developed with safety in mind. Features such as keyless card access, layered door systems, the Safe Lines program, anti-ligature locks and tamper-resistant furniture, ensure your child’s privacy and safety. We also lock all restrooms, require constant staff supervision and evaluate staffing ratios every 12 hours to assure staff members are readily available to support the needs of your child.

Educational Services

Whether addressing learning disabilities, behavioral problems or psychiatric issues, KVC provides educational services in the hospital and residential programs. These programs provide a positive educational experience for youth who historically have struggled to attain academic success. We encourage parents to bring homework and school assignments during the inpatient hospital stay.

While at KVC, your child may attend on-site school Monday through Friday and will receive credit for work completed. Our school program is accredited by the Kansas State Board of Education and provides traditional and special education programming. Our school program blends traditional classroom teaching, individual and computer based instruction and an 8:1 student-to-teacher ratio to ensure all students receive the academic attention they need. Students receive credit for work completed, which is applied to their home school system. Children in the hospital will be assessed for possibility of attending school after 7 days and if stabilized.
Pastoral Services

All children are encouraged to practice their religious or spiritual beliefs as long as observances pose no clinical threat to their safety or the safety of others. At the time of admission, please provide your child’s religious preference. In the event you are unable to provide pastoral support, we can provide volunteer, non-denominational pastoral services upon request.

Visitation/Telephone Calls

Visitation and telephone communication are therapeutic, beneficial and practical. Therapists or social workers will assist with visitation scheduling, phone calls and special arrangements if necessary. Visits are scheduled at least 24 hours in advance by a therapist or social worker.

We ask that weekday visitation occur in the evening from 4:00 — 7:30 p.m., and on weekends from 9:00 a.m. — 8:00 p.m. Visitation during the day will be limited to one hour because of possible conflicts with activities such as classes, groups and appointments. If a day time visitation is necessary, please contact your therapist/social worker to arrange the visit. When bringing food to a visit, please bring only enough to feed your family and child; food will not be allowed on the unit. Please limit sugar products; energy drinks are not allowed due to interaction with medications.

Your child may accept calls 5:00 — 8:00 p.m.; weekends 9:00 a.m.— 8:00 p.m. Please limit calls to 10 minutes, one outgoing and one incoming, so that everyone has an opportunity to make and receive calls. We ask you to schedule calls around meals and activities.

Mail

We encourage the use of personal mail as a way for your child to stay connected with family, friends and relatives. While your child will be able to receive mail from individuals approved by you, your therapist will review all mail for appropriateness. Any mail deemed harmful to your child or other children will be withheld, and you will be notified immediately. Your child will not have access to email or social media while at KVC.
YOUR CHILD’S TREATMENT

Assessment
An initial comprehensive assessment will be completed by members of our multidisciplinary team within the first 24 hours of admission to the hospital or 72 business hours to the residential program. This assessment provides information about your child, his or her presenting problems and your concerns. Although some questions may seem personal we encourage you to share with your child’s treatment team as openly and honestly as possible, as information that may seem insignificant can be crucial to us better understanding your child. In the days that follow, additional assessments will be completed to determine what type of care and specialized services may benefit your child. The initial phase includes psychiatric, nursing, and bio-psychosocial assessments. Every child receives a complete physical from a medical physician. If needed, further assessments may include chemical dependency, dietary, psychological and psychopharmacology assessments.

Special Treatment Procedures
We believe in using the least restrictive procedures possible to help your child maintain self-regulation. We will ask which behavioral strategies you have found work best in helping your child maintain a positive sense of self and exercise safe and appropriate behavior. We will work with you throughout the treatment process to continually learn new strategies to help your child cope with stressors such as anxiety, impulse control and self-destructive thought patterns.

Our goal is to avoid the use of more restrictive interventions, however, there may be times when your child’s behavior creates a risk of harm to self or others. During these times, we may use special treatment procedures designed to help your child regain control. These procedures include special observation, refocus and physical restraint. Restraints are only used under the supervision of a licensed physician, nurse or clinician. Special treatment procedures are never used as punitive measures and are discontinued at the earliest possible moment.

Discharge and Aftercare
To help your child be successful after his or her stay at KVC, the treatment team will work with you to identify and coordinate follow-up care in your home community. When possible, we will help schedule these appointments prior to your child’s discharge, in order to guarantee your child has access to the necessary resources upon returning home. Aftercare services might include individual therapy, family therapy/education, specialized educational services, medication management, psychosocial/supportive groups, substance abuse treatment, attendant care and/or case management services.

In the event you are unable to access community-based services, we will work to create a safety plan and work with local providers to initiate services as soon as possible. The treatment team wants to see you and your child succeed, and we believe aftercare and follow-up services are extremely important to your child’s continued progress. If you have any questions or concerns, please discuss them with your therapist prior to discharge.
Frequently Asked Questions

Q: How long will my child have to stay in the treatment program?

A: Your child’s length of stay is contingent upon his or her presenting symptoms, response to treatment and access to community supports after discharge. It is our goal to make your child’s stay as meaningful as possible and only as long as is needed to address the issues that brought him or her to KVC.

Q: How do I get in touch with my child?

A: You can speak with your child by calling the main telephone number between the hours of 5:00 — 8:00 p.m. on weekdays and 9:00 a.m. — 8:30 p.m. on weekends. When calling or visiting your child, you will be required to provide a confidential code number that is assigned to your child upon admission. This code will be given to the guardian of the client to protect your child from inappropriate outside contact. You are asked to provide this code to any family or friends you wish to have contact with your child during their treatment. If callers or visitors cannot produce this code, they will be referred to you, or your therapist.

Q: Will my child have a single bedroom?

A: At times it may be necessary for your child to have a single bedroom, but generally every child will have a roommate. Bedroom assignments are made based on gender and age to assure safety among peers.

Q: Who do I speak to about my child’s progress?

A: If you have questions, the most available person to talk with is your social worker. Most social workers are available after 10:00 a.m., and if not immediately available, will return your call at the earliest possible time. If you have an emergency, please refer to the contact list on page 4 for alternative contact numbers.

Q: What if I have a concern?

A: We take concerns regarding your child’s treatment seriously. If you have a concern, please contact our main number at (785) 624-6000 and ask to speak with your child’s therapist or a nurse. If unavailable, please refer to the contact list on page 4 for alternative contact numbers.
What is trauma?

At KVC you will hear your child’s treatment providers talk a lot about trauma. We define trauma as anytime an individual experiences an event which results in a stress response that the individual is unable to cope with or manage. Research has shown that these events can take place prior to birth, when the child is still in utero. According to the National Child Traumatic Stress Network, “about two-thirds of children will experience a traumatic event before the age of 16…” Examples of trauma include, but are not limited to: witnessing violence (at home, school or in their neighborhood); being bullied; painful or scary medical treatments; death of a loved one; physical, sexual or emotional abuse and neglect; parental discord, separation or divorce; exposure to drugs/alcohol in utero; unstable home environments and lack of a nurturing environment.

What are the effects of trauma?

Research tells us that without timely and appropriate treatment and intervention, trauma can affect the development and functioning of the brain. Additionally, trauma can have harmful health implications. The Adverse Childhood Experiences (ACE) Study of 1998 showed that adverse experiences play a significant role in determining the likelihood of the ten most common causes of death in the United States. For example: Individuals that experienced four or more adverse childhood experiences were twice as likely to be diagnosed with heart disease and cancer.

How does KVC address trauma?

Trauma Systems Therapy (TST) is a treatment model used throughout KVC for children and adolescents. TST helps people understand their emotions and behaviors, regulate their emotions, and deal with the ongoing stressors in life.

What are the goals of Trauma Systems Therapy?

- Maintain a regulated state
- Prevent re-experiencing state
- Build healthy thoughts to allow choices
- Provide and build support
The 4 Rs - Your Guide to Emotional/Behavioral Stability

Regulated (being in control)
You are in a calm, continuous emotional state and engaged with your environment.

Revving (getting upset)
You have been triggered and may feel unpleasant emotions; you are engaging coping skills to manage your emotions.

Re-experiencing (losing control)
Your coping skills have been overwhelmed and you have entered a state of extreme emotion.

Reconstituting (getting it back together again)
Your state of emotion has diminished; you are using coping skills to manage emotion and to re-engage with the environment.

Trigger- Events or actions that are perceived as threatening to an individual or others. (e.g. Witnessing verbal or physical aggression, sensory perceptions such as smells, colors, sounds, temperature, darkness, touches, time of day, environment, etc.) What are your Triggers?

Coping Skills- Practical ways of handling difficult feelings and situations. What are your Coping Skills?
5 Steps to Managing Difficult Emotions

Step 1: Emotions

The first step in managing difficult emotions is to understand what emotion we are experiencing and what caused the emotion. Often as parents we want to jump to threatening consequences or controlling behavior. Helping children learn to manage their emotions will often stop the behavior before it starts. Help your child identify what emotion they are feeling (see emotional vocabulary below), what caused the emotion and how much emotion (see the emotional scale below). This can be done simply by asking, “What’s going on?” and then following up with simple questions.

Remember, our child’s reaction may not seem justified, but the feelings are real and can be very painful. Avoid judging their emotions or trying to teach lessons during this step. We will focus on responsibility during step 3.

**Emotional Vocabulary**

<table>
<thead>
<tr>
<th>Basic Vocabulary</th>
<th>Happy</th>
<th>Excitement</th>
<th>Love</th>
<th>Anger</th>
<th>Sadness</th>
<th>Fear</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expanded Vocabulary</td>
<td>Fulfillment</td>
<td>Ecstatic</td>
<td>Intimate</td>
<td>Irritated</td>
<td>Down</td>
<td>Tense</td>
</tr>
<tr>
<td></td>
<td>Content</td>
<td>Energetic</td>
<td>Loving</td>
<td>Resentful</td>
<td>Blue</td>
<td>Nervous</td>
</tr>
<tr>
<td></td>
<td>Glad</td>
<td>Aroused</td>
<td>Warm-Hearted</td>
<td>Cheated</td>
<td>Mopey</td>
<td>Anxious</td>
</tr>
<tr>
<td></td>
<td>Complete</td>
<td>Bouncy</td>
<td>Sympathetic</td>
<td>Upset</td>
<td>Grieved</td>
<td>Jittery</td>
</tr>
<tr>
<td></td>
<td>Satisfied</td>
<td>Nervous</td>
<td>Touched</td>
<td>Mad</td>
<td>Dejected</td>
<td>Panicky</td>
</tr>
<tr>
<td></td>
<td>Optimistic</td>
<td>Perky</td>
<td>Kind</td>
<td>Furious</td>
<td>Depressed</td>
<td>Frightened</td>
</tr>
<tr>
<td></td>
<td>Pleased</td>
<td>Antsy</td>
<td>Soft</td>
<td>Raging</td>
<td>Heartbroken</td>
<td>Terrified</td>
</tr>
</tbody>
</table>

**Rate your emotion:**

- Too Much
- A Lot
- Some
- A Little

**The Emotional Scale**

The emotional scale helps identify “how much” emotion a child is experiencing. The emotional scale uses a metaphor that provides visualization of emotions filling up the body. Emotions start at the feet and rise through the top of the head. Four identifying levels are provided: a little, some, a lot and too much. This will help children gain a better understanding of their emotions. They will learn how to recognize when their emotions become more or less intense and when to use coping skills.
Step 2: Coping Skills
Coping skills are techniques your child can use to calm heightened emotions. Some examples are given here on the emotion regulation drills poster. Other examples include deep breathing, counting, going for a walk, talking to a trusted person, getting a hug, playing a game or just going to their room for a while. If the child’s emotions are dangerously high, you may need to choose an activity that allows for good supervision. It’s important that children are given the time to calm down to at least “a little” emotion on the emotional meter before discussing consequences and pushing expectations. Once the child has calmed, move on to step 3.

Step 3: Responsibility
Once the child’s emotions are under control, we can begin discussing responsibility. To get a child on task, you may ask, “Where are you supposed to be? What are you supposed to be doing?” Caregivers may need to help the child meet expectations, but the child should be responsible for helping themselves as well. You may also need to convey consequences for any behaviors that occurred when his/her emotions were out of control. Here is an example of a conversation. “We have been struggling all day. You have been yelling and disrespectful. You know I’m here for you and I love you, but it’s not wise for me to let you go out with your friends tonight. We will do better tomorrow and hopefully you can go then.”

Step 4: Future
During this step, caregivers provide “wisdom” regarding the child’s emotions and behaviors. Avoid long lectures. Just give a brief reminder about goals and your family’s values. Offer advice and plan for future events where emotions may become out of control again.

Step 5: Review
During this step, caregivers should reinforce any positive behaviors observed. Give your child praise for the things he/she did well. If you are still frustrated from the child’s behavior, give yourself some time and then come back and provide praise. Here is an example of praising a specific behavior. “You’re doing a much better job managing your frustration when you don’t get what you want. It makes it a lot easier for me to tell you “no” when I need to. Thank you.”