A Client’s and Parent’s Guide to Psychiatric Hospitalization and Residential Care

Prairie Ridge Psychiatric Hospital
4300 Brenner Drive ♦ Kansas City, KS 66104
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ABOUT KVC PRAIRIE RIDGE SERVICES

Overview of 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, 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 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, 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 STAR Matrix designed to teach expectations for Safety, Trust, Accountability and Respect.

Psycho-educational and Group Activities: These activities include educational activities, anger management training, social skills development, empathy training, therapeutic games, recreational exercise and directed by trained behavioral health technicians and counselors.
PREPARING FOR YOUR CHILD’s PSYCHIATRIC
HOSPITALIZATION OR RESIDENTIAL STAY

Introduction

Welcome to Prairie Ridge Psychiatric Hospital and Residential Program, and thank you for choosing us to help you and your child during your time of need. At KVC, our staff members go to great lengths to provide the highest level of psychiatric care to your loved ones, and we are committed to providing you a customer-friendly and responsive experience.

Located in Kansas City Kansas, our facility is a privately owned, not for profit hospital and residential program that provides specialized psychiatric and behavioral health care to children and adolescents. Our staff members use the most current clinical approaches, knowledge base, training and research tools to meet the needs of your child. We also coordinate support services in collaboration with your family and home community.

Prairie Ridge is accredited by The Joint Commission (TJC), the nation’s oldest and most prestigious healthcare accrediting organization.

Founded in 1970, KVC is a private, nonprofit organization which provides a continuum of care, including medical healthcare, behavioral healthcare, education and social services to children and families. Our philosophy is to provide compassionate and effective care through the use of timely individualized treatment planning in collaboration with the child, family and community. It is our goal to provide children and families a nurturing and therapeutic treatment experience. We provide an integrated approach to care which addresses both the medical and psychiatric needs of youth. Prairie Ridge also uses evidence-based treatment and best practice models, and we adhere to the highest and most stringent safety standards.

KVC has created compassionate and effective trauma-focused treatment programs. These programs are aimed at caring for the most vulnerable youth who suffer from a range of issues including Major Depressive Disorder, Bipolar Mood Disorder, Post-traumatic Stress Disorder, ADHD, psychotic disorders and we specialize in the care and treatment of children exposed to trauma.

Prairie Ridge recruits the very best practitioners, who have only the greatest dedication to their profession. We provide the highest quality facilities and deliver care second to none.

Our commitment to the care of children and families, combined with our expertise in children’s psychiatric care, residential treatment and community-based services, have brought KVC national recognition as an industry leader and as one of the most comprehensive behavioral healthcare networks in Kansas.

We sincerely hope your experience with KVC Prairie Ridge Psychiatric Hospital or Residential Program is both rewarding and therapeutic. We hope to be a helpful resource to provide your family with hope, help and healing.
What to Bring for Hospital and Residential

- Health coverage & card
- Immunization records if available

What to Bring for Hospital

- 3 sets of undergarments
- KVC will provide the clothing and any needed personal hygiene supplies

What to Bring for Residential

- 7 sets of undergarments
- 1 week worth of clothing
- Shoes and Slippers
- Other items deemed important to the child such as, a stuffed animal, books or photos

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 Prairie Ridge Psychiatric Hospital/Residential Program is not responsible for any lost or stolen items.**

Important Contact Information

During your child’s stay with KVC, the therapist will be your primary contact person.

Each therapist may be reached by calling (913) 334-0294. If a therapist is unavailable, please leave a brief voice message, and someone will return your call as soon as possible. On the hospital, there you may also contact your child’s assigned Social Service Liaison for additional information.

Below is a list of administrative staff who may also assist you:

- VP of Hospital Administration .........................ext. 7413
- VP of Clinical Services ......................................ext. 7419
- Director of Clinical Services ..............................ext. 7448
- Director of Nursing...........................................ext. 7407
- Director of Administration.................................ext. 7424
Admission

The KVC Admissions Department manages all referrals to the Prairie Ridge 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 Treatment Team

Patients will participate in the treatment planning process while at Prairie Ridge. 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, dietician, certified teacher and/or behavior specialist. Upon admission, your child will be assigned a therapist 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 therapist.

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 therapist will be in contact with you within 24 hours of your child’s admission on the hospital and 72 hours on 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.

The Physical Layout

The KVC Prairie Ridge Psychiatric Hospital and Residential Program maintains 96 hospital beds and residential beds on a campus located in Kansas City, Kansas. We have utilized our many years of experience and consultation with TJC surveyors to develop a child-friendly facility that meets the highest levels of safety and technology. Prairie Ridge is composed of three separate units. While these units maintain separate entrances, nursing stations and day rooms, the units are adjoined and provide easy access to one another through shared doors. These units are physically secured with keyless entry and alarm systems. Prairie Ridge utilizes the Safe Lines Program, which is an electronic monitoring system. The system allows patients to move easily throughout bedrooms, 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 and visitation rooms and classrooms. The main entrance is located on the east side of the building. A receptionist will greet you, and you will be directed to a secure intake area. After hours, you may access a call button 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.

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 will assist with visitation scheduling, phone calls and special arrangements if necessary. Visits are scheduled at least 12 hours in advance by a therapist or nurse.

We ask that weekday visitation occur in the evening from 6:30 – 8:00 p.m., and on weekends from 10:00 a.m. – 8:00 p.m. Visitation during the day will be limited because of possible conflicts with activities such as classes, groups and appointments. If a day time visitation is necessary, please contact your therapist to arrange the visit.

We want you to feel comfortable to call your child anytime. Your child may accept calls from 9:00 a.m. – 8:30 p.m. daily. Please limit calls to 10 minutes, 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 while at KVC.
YOUR CHILD’S TREATMENT

Assessments

An initial comprehensive assessment will be completed by members of our multi-disciplinary team within the first 48 hours of admission on the hospital or 72 business hours on the residential program. This assessment provides information about your child, his or her symptoms and your concerns. 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, medical, bio-psychosocial and dietary assessments. If needed, further assessments may include chemical dependency, 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, seclusion and physical restraint and 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

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

Will my child have a separate room?
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 gender segregated and age specific to assure safety and commonality between peers.

How do I get in touch with my child?
You can speak with your child by calling the main telephone number from 9:00 a.m. – 8:30 p.m. every day. 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 protects your child from inappropriate outside contact. If callers or visitors cannot produce this code, they will be referred to you or your therapist.

Who do I speak to about my child’s progress?
If you have questions, the most available person to talk with is your therapist. Most therapists 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 in the parent guide for alternative contact numbers.

What if I have a concern?
We take concerns regarding your child’s treatment seriously. If you have a concern, please contact our main number at (913) 334-0294 and ask to speak to our client advocate. We also have grievance boxes located throughout all our units that your child can make a confidential report to be addressed by the client advocate.
What Is Trauma System Therapy?

TST is a program designed to help you understand your emotions and subsequent behaviors. It can help you regulate your emotions and deal with the ongoing stressors in life.

What are the goals of TST?

- Maintain a regulated state
- Prevent re-experiencing state
- Build healthy thoughts to allow choices
- Provide and build support

The 4 R’s – 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 (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? _______________, _______________, _______________

Staff will now lead you on a tour of the unit and cover other TST information.
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. It is important that we show empathy for our children’s experiences and emotions. 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>Depressed</td>
<td>Frightened</td>
</tr>
<tr>
<td></td>
<td>Optimistic</td>
<td>Perky</td>
<td>Kind</td>
<td>Furious</td>
<td>Heartbroken</td>
<td>Terrified</td>
</tr>
<tr>
<td></td>
<td>Pleased</td>
<td>Antsy</td>
<td>Soft</td>
<td>Raging</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 (Responsibility).

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 SMART 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.”