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A Behavioral Health Organizational Perspective on Eliminating Restrictive Interventions

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Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Psychology in Behavioral Health Leadership

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Abstract

To manage difficult behaviors and ensure the safety of clients and staff, behavioral health organizations have often relied on restrictive interventions such as seclusion and restraint. Although organizational leaders are increasingly seeking alternatives, there is very little literature or organizational practice knowledge addressing this issue. The purpose of this qualitative study was to explore, from an organizational leader's perspective, sustainable best practices after the leaders of a behavioral health organization in the Southeastern region of the United States adopted a statewide initiative to reduce and eliminate restrictive intervention by transitioning to a no seclusion policy. The Baldrige Excellence Framework was used to ground the case study. The data sources were literature on the study topic, semistructured interviews with the organization's executive director of residential services and the vice president of performance improvement, the organization's website, and archival data kept by the organization such as client and staff surveys, client data, and restrictive intervention reports. Findings highlighted three strategies that could address the practice problem: (a) leadership, (b) use of data, and (c) workforce development. Recommendations include development of a protocol to use existing data to inform decisions and create staff development plans over a 1-year period. This study may contribute to positive social change by informing organizational leaders of the best practices for reducing or eliminating the use of restrictive interventions in behavioral health, thus furthering possibilities for trauma-informed care. Organizational leaders may be able to establish a more effective response to problematic behaviors that reduces retraumatization and exposure to violence and aggression.

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Dedication

This study is dedicated to all the direct care staff and frontline workers who continue to provide trauma-informed care in spite of the challenges encountered. It is my hope that you feel supported and valued as you change one life at a time.

Acknowledgments

First, I would like to thank God, without faith nothing is possible! To my sister, Kayla, thank you for always being my number one fan and pushing me to be the best version of me. To my nephews Avery and Connor for reminding me that life happens fast so you must stop to make memories. To my parents for instilling in me a passion for learning and excellence. Thank you to all my friends who reminded me to do my homework and stop procrastinating (I didn't always listen, but I heard you).

To my partner agency for allowing me to complete my study and supporting me along this journey. Special thanks to my faculty advisors, Dr. Arcuri and Dr. Glidewell for the unwavering support and encouragement. Thank you for the reminder that if getting a doctorate was easy everyone would get one. Your feedback, guidance, professionalism, and laughs has made this process bearable. To all the scholars I have met along the way thank you for challenging me to think outside my comfort zone and see alternative perspectives.

Lastly, I would like to thank myself! I thank me for showing up even on the days when I didn't feel like it. I want to thank me for doing the work and striving to do my best daily. I thank me for persevering in spite of the desire to quit.

Table of Contents

List of Tables

List of Figures

Section 1a: The Behavioral Health Organization

Introduction

The focus organization in this study was an inner-city nonprofit behavioral health organization in the Southeastern region of the United States. I used the pseudonym "Organization Y" to protect the confidentiality of the organization. Organization Y's mission is to provide quality professional treatment to children with behavioral and emotional problems. The organization's mission, as stated on its website, is to provide treatment and services that allow children and their families to exercise autonomy, reach their potential, and contribute to society positively. The organization's vision statement concurs with its mission. The corporate values for the agency include emphasizing people first, service excellence, and being results-driven.

Organization Y was founded as a women and children's rescue mission; however, the organization later transitioned to serving children with behavioral and emotional problems and continues to do so today. Over the years, the company has grown through partnerships with other providers to become the most prominent organization serving children with behavioral health problems in its region. More than 8,000 children are served annually. In this study, I specifically examined Organization Y's psychiatric residential treatment facility (PRTF). The PRTF provides evidence-based trauma-informed care to children struggling with behavioral and mental health challenges, according to Organization Y's website.

Organization Y offers diagnostic, outpatient services, community-based programs, substance abuse treatment, day treatment, intensive outpatient, and residential

treatment to meet the emotional and behavioral needs of children and young adults ages 5-21 at any stage of treatment to create a network of support. The organization serves clients in 70 counties across the state. It offers programs and services to meet the needs of clients seeking care in 10 offices and programs in surrounding counties. Each program is designed to meet the client's individualized needs to ensure care throughout the treatment continuum. Services are provided based on a fee-for-service model and are paid using private insurance or Medicaid. Some services may also be funded through grants and charitable donations.

The executive leadership team consists of the chief executive officer (CEO), the president and chief operating officer (COO), chief financial officer (CFO), chief clinical officer, chief marketing officer, respective vice presidents (VPs), executive directors (EDs) for each program and service offered, and the board of directors and trustees. At the time of this study, Organization Y employed approximately 500 staff from various disciplines and educational backgrounds, from licensed clinicians to paraprofessionals new to the mental health field.

Practice Problem

Organization Y's leaders reported that restrictive interventions used to manage problem behaviors in adolescents had presented a conflict for the organization. During the initial interview, the behavioral health leader (BHL) expressed that the organization has an interest in reducing restraint and eliminating seclusion after examining the risks and benefits of the intervention. Additionally, the organization is involved in a statewide initiative to implement The Six Core Strategies ©. The Six Core Strategies © promotes

the reduction and elimination of seclusion and restraint in residential treatment facilities (Huckshorn, 2004).

Furthermore, in 2018 Organization Y began the process of eliminating seclusion in its residential program as a result of a statewide initiative to prevent violence, trauma, and the use of seclusion and restraint. The Six Core Strategies© is a trauma-informed, evidence-based practice to prevent conflicts and violence in behavioral health and residential settings (Huckshorn, 2004). The approach promotes the reduction and elimination of seclusion and restraint in residential treatment facilities (Huckshorn, 2004). Although all six strategies are considered best practices for reduction, Organization Y's leaders indicated that they wanted to focus on leadership and reduction tools.

The goal of this research was to examine a specific strategy or best practice for eliminating the use of seclusion or restraint while maintaining the safety and well-being of aggressive children and adolescents in residential facilities. Although some researchers have investigated the use of restrictive interventions in these settings, there is very little literature or organizational practice knowledge addressing this issue. More information on the strategies and practices that are most effective in addressing problem behaviors is needed. The information obtained from this study may provide insights for other behavioral health care providers seeking to eliminate seclusion and implement trauma-informed strategies for addressing problem behaviors.

Research Questions

The research questions that guided this study were:

- RQ1: What are the best practices implemented to reduce the need for and prevent the use of seclusions in a behavioral health care organization?

- RQ2: What strategies could be implemented to assist staff and clients during this transition?

- RQ3: What are some of the ways a PRTF takes the temperature of their organization's culture in the face of change?

- RQ4: In what ways does a PRTF and its culture shift when changing from a seclusion-permitted to a no seclusion policy?

Purpose

The purpose of this qualitative case study was to explore, from an organizational leader's perspective, sustainable best practices after the study organization adopted a statewide initiative to reduce and eliminate the use of restrictive intervention in behavioral health by transitioning to a no seclusion policy. In the study, I attempted to identify effective strategies that can be implemented when seclusion is not an option to manage problematic behaviors such as aggression or elopement in the PRTF setting. These areas were addressed by exploring the perspectives of Organization Y's leaders and their response to change.

I based this study on the Baldrige Excellence Framework. The Baldrige Excellence Framework is a conceptual framework that is designed to assist organizations in identifying their strengths and overcoming potential challenges (National Institutes of

Standards and Technology [NIST], 2020). The framework assesses an organization's ability to reach its goals and enhance results and operations while becoming more competitive. The framework helps organizations address their issues and manage organizational systems to foster growth and development. The seven essential areas of the framework provide an introspective examination of the organization's dynamics to ensure the organization is accomplishing its mission and objectives. The seven key management and leadership categories are leadership, strategy, clients/customers, workforce, operations, results, and measurements, analysis, and knowledge management (NIST, 2020). The principles of this framework represent core values and concepts that characterize behaviors and beliefs exhibited by high-performing organizations. My study was grounded in the concepts outlined in the Baldrige Excellence Framework, with particular emphasis on leadership, customers, workforce, and operations. Using these concepts, I evaluated a behavioral health organization's ability to navigate change and maintain program services efficiently following the implementation of a no seclusion policy in its residential program.

To present a comprehensive picture of the facility, I used multiple data sources to explore the organization's strategic planning and implementation process. I conducted semistructured interviews with staff members and leaders and reviewed archival data, such as client reports, restrictive intervention reports, and staff and client surveys, that were provided by the organization and the BHL. I reviewed existing company data such as the strategic plan and restrictive intervention policy and data.

By reviewing existing records, I had the opportunity to learn about the organization's processes to eliminate seclusions and address any challenges they may have faced in light of this transition. Qualitative interviewing was also used to obtain information about the felt experiences of leaders in the organization due to the transition to a no seclusion policy. Additionally, I gained insights into the organization's strengths and organizational culture that promoted successful implementation.

The agency is also working collaboratively with the state to reduce and eliminate seclusion and restraint in residential treatment facilities; to learn more, I reviewed records and data pertaining to this initiative that may have influenced or informed organizational change. To understand the use of restrictive interventions and the felt experiences of staff, I relied on two data sources. These were charts and records on restrictive interventions used within the organization and staff surveys conducted by the organization before the no seclusion policy was implemented. The strategic plan and data obtained from the statewide initiative provided insight on the organizational change and development components of the research. The qualitative interviews provided insights on the leadership and what precipitated the facility's transition to a no seclusion policy.

Significance

I investigated Organization Y's response to change following the implementation of a no seclusion policy within the PRTF program. As a result of the implementation of the no seclusion policy, program leaders examined the organization's current referral criteria and staffing requirements. The no seclusion transition drastically changes referral processes, programming, and staffing for the organization, impacting the organization's

funding, according to the BHL. The organization and its staff, which include the setting and participants of this study, must implement the change to sustain programming during this ever-changing season. Therefore, the primary emphasis of this study was on leadership and organizational development in response to change.

Organization Y may benefit from this research, principally through an analysis of the effectiveness of evidence-based strategies known as The Six Core Strategies© implemented to reduce or eliminate the use and need for restraint and seclusion (Huckshorn, 2004). I explored leadership perspectives on sustainable strategies following the implementation of a no seclusion policy. Due to the possible repercussions this new policy may cause, leaders will need to gain better insights into effective and sustainable strategies that can be used to manage problem behaviors without causing harm to clients and staff. Furthermore, the leaders of other behavioral health organizations that may be considering a similar policy may learn from Organization Y's experience.

Social Change Impact

Researchers have shown that the use of seclusion and restraints are inadequate responses to behavioral concerns in residential programs and have minimal therapeutic value (Canady, 2018; Huckshorn et al., 2014). This study may provide a unique perspective into behavioral health organization leaders' experiences and one organization's response to change during a statewide initiative to reduce and eliminate the use of restraint and seclusion. This organization's successes and challenges may guide and help inform best practices for other organizations implementing similar changes or involved in this initiative. This study is relevant and valuable to this discipline because

public and private sectors are increasingly scrutinizing the use of restraint and seclusion as an effective response to problematic behaviors, particularly for those who have trauma history and previous exposure to violence and aggression (Huckshorn, 2004).

Summary

Organization Y provides programs and services for children with behavioral, emotional, and mental health challenges. Restraint and seclusion have been used in behavioral health settings to address behavioral challenges, modify client behaviors, and promote change. However, the leaders at Organization Y have decided to eliminate seclusions and implement The Six Core Strategies© (Huckshorn, 2004). The evidence provided in the literature supports this study's purpose of exploring sustainable best practices to reduce and eliminate the use of restrictive intervention in behavioral health. This study also explores from an organizational leader's perspective an organization's efforts to transition to a no seclusion policy following the adoption of a statewide initiative. The ED of residential services and VP of performance improvement provided insights into the organization's decision to transition to a no seclusion policy and its response after implementing the policy as a behavioral management intervention in its residential program. In Section 1b, I will provide an overview of the organizational profile for Organization Y.

Section 1b: Organizational Profile

Introduction

Restraint and seclusion are used in behavioral health organizations to manage difficult behaviors and are required to ensure the safety of clients and staff (Roy et al.,

2019; Valenkamp et al., 2014; Wisdom et al., 2015). Although there is an understood need for restrictive interventions, it is a controversial strategy due to the risk of injury and retraumatization of clients and staff (Nielson et al., 2021; Roy et al., 2019). Organization Y has implemented a no seclusion policy within its PRTF program in response to the research and to provide trauma-informed care. Leaders have not yet determined sustainable best practices to reduce and eliminate restrictive intervention after transitioning to a no seclusion policy. The RQs for this study were

RQ1: What are the best practices implemented to reduce the need for and prevent the use of seclusions in a behavioral health care organization?

RQ2: What strategies could be implemented to assist staff and clients during this transition?

RQ3: What are some of the ways a PRTF takes the temperature of their organization's culture in the face of change?

RQ4: In what ways does a PRTF and its culture shift when changing from a seclusion-permitted to a no seclusion policy?

Organizational Profile and Key Factors

Organization Y is a nonprofit behavioral health organization providing professional treatment to children in need in the Southeastern region of the United States. A volunteer board of directors governs Organization Y. There are 20 executive officers, including human resources and financial leaders, and program managers and supervisors to oversee the offices spread across the state. The organizational structure of Organization Y is shown in Figure 1.

Figure 1

Organization Y Organizational Chart
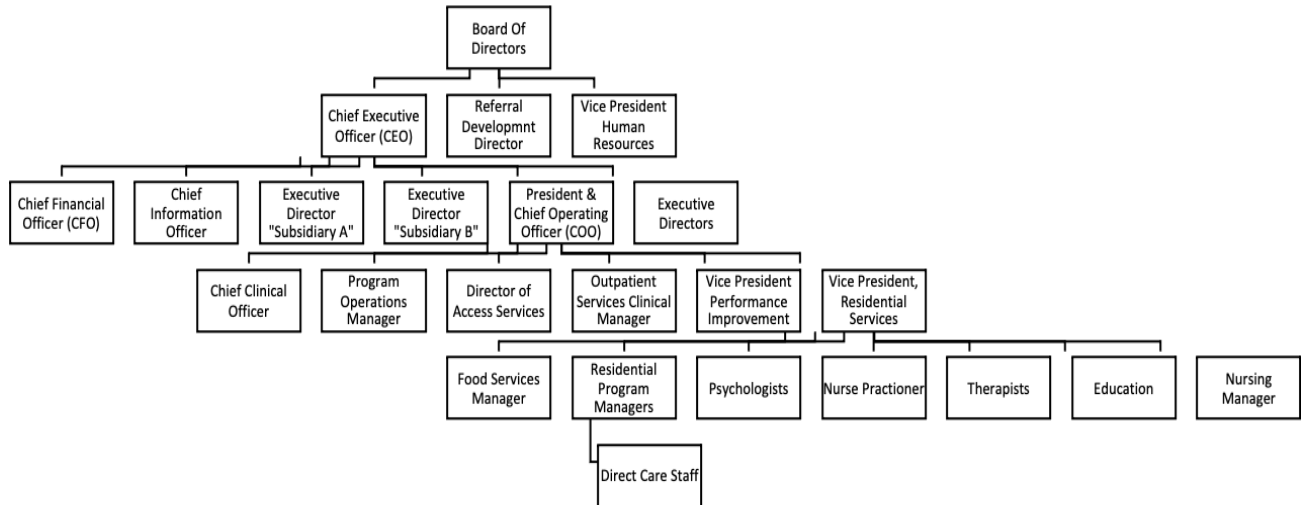
According to marketing and promotional documentation, the agency provided for over 10,000 children and families in 2020. Organization Y offers 13 different programs across the state that are funded through government (Medicaid) and charitable donations. The organization offers diagnostic and outpatient services, community-based programs, substance use treatment, day treatment/intensive outpatient, and residential treatment.

Key Factors

Leadership Stability

Leadership stability is an essential component in Organizations Y's strategic planning processes and ability to respond to changes in the organization. Organization Y relies on its leaders to promote and convey the mission and values of the organization. According to Organization Y's 2021 human resources manual, leaders are responsible for documenting and tracking employee performance. Many of Organization Y's leadership team and executive team have been with the organization for 10 years or more.

Information Technology

Organization Y's information technology team provides support to the agency in technical resources that support client and business needs. The organization provides technology access for employees to create a productive and proficient work environment, according to the organization's website. Organization Y uses various advanced technology systems such as an electronic health records, payroll, and security protocol to ensure quality services.

Oversight and Supervision

Another key factor includes Organization Y's oversight and supervision. All direct care employees have a 6-month introductory/probationary period where supervisors can review and assess performance and compliance with key performance indicators. At hire, all staff are provided a job description that outlines their duties and roles. Supervisors oversee this process by providing monthly supervision and yearly performance evaluations. Regular performance reviews are a part of the coaching experience supervisors have with direct reports and involve ongoing feedback, open communication, and clearly outlining objectives for employees.

Workforce Turnover and Engagement

The key factors that present a challenge for Organization Y include staff performance, engagement, and high turnover in direct care. Leaders have expressed challenges with capturing staff voice and understanding the lack of engagement or open communication with senior management. Organization Y's leaders have put measures in place to better reach employees and increase engagement and reduce turnover by better understanding the needs of employees.

Organization Y's records indicate that the agency has approximately 500 employees who provide residential, outpatient, and community-based services. The agency recruits qualified individuals for a variety of positions across the agency and its affiliates. Agency positions include administrative support, supervisory and leadership, accounting and finance, human resources, and communications/marketing. Clinical and

direct care positions include therapists, counselors, registered nurses, and program directors.

According to leadership, turnover among direct care workers is high, and staff remain in positions on average for 6 months. Because of the increase in staff turnover, organizational leadership have devoted additional resources to training new staff and paying overtime. Leadership has had to redirect focus from training and mentorship to recruiting and hiring new staff. Some of the efforts implemented to reduce turnover included a hiring blitz and off-cycle training. Even with these additional resources, there were 16 positions to fill in the PRTF department at the time of this study. Of the 47 direct care employees, 19 (roughly 40%) were hired within the last year, the BHL shared.

Key factors include having competent and dedicated staff who will support the organization's mission and provide support and care to the children and families who are receiving services. The organization has developed a reputation as the "leader in children's behavioral health" since its inception in 1888. Organization Y provides services to children with emotional, behavioral, and mental health problems that have disrupted their environment.

Suppliers and Partners

Suppliers include the agencies that provide referrals to Organization Y, such as hospitals, schools, parents, state and county organizations such as the department of social services, the juvenile justice system, and area mental health programs. According to its website, Organization Y's partners include The Joint Commission, which provides accreditation and oversight. Additionally, the agency has a partnership with the Child

Trauma Academy that provides the foundation for the model of care implemented by the agency.

Other key factors include Organization Y's internal and external stakeholder relationships and communication strategies. Organization Y is a nonprofit, so community partnerships are essential to fundraising efforts and networking for referrals. The organization engages partners via social media and various events such as "cocktails and conversations."

Competitive Environment

For over a century, Organization Y has established itself as the leader in children's behavioral health in the state of operation. According to the BHL, Organization Y is the largest agency providing behavioral health services to children in the state following its most recent merger in 2019. In 2019, the organization examined the wage of competitors after suffering an increase in staff turnover among direct care staff and decided to increase the starting wage to $14 per hour for these personnel. Before this change, there existed a range of starting wages across the state, with Organization Y lacking a competitive advantage. By raising the starting wage, Organization Y was not only able to gain a competitive advantage but compete for top-quality employees, according to the BHL.

Stakeholder Communication and Engagement

As a nonprofit organization, Organization Y's board of directors represents community partners and stakeholders. Leadership provides networking opportunities throughout the year to interact and obtain feedback from stakeholders. The board of

directors works closely with senior management. It has a yearly retreat to review stakeholder interests and concerns related to the organization's mission and vision.

Treatment Offerings and Services

The services provided by the agency have individual fee schedules. Fees for most services are covered by private insurance plans or by Medicaid. Depending on individual circumstances, some services may exceed what fees will cover; in these instances, the agency relies on charitable donations from the community. Additionally, some programs are paid for by grants from social services departments, the department of juvenile justice, or other organizations and institutions. The treatment offerings and services are aligned with the mission and values of Organization Y. As noted on its website, the mission of the organization is to provide quality professional treatment to children with behavioral and emotional problems and to ensure that the children and families served will be able to exercise autonomy, reach their potential, and contribute to society in a positive manner. The organization also incorporates the values of people first, service excellence, and being results-driven by providing an array of individualized services to meet each family's needs and using data to inform treatment and strategic planning.

Psychiatric Residential Treatment Facility

Organization Y manages two psychiatric residential treatment facilities serving children ages 5-18. The programs provide children with behavioral and mental health treatment in a highly structured environment through diagnostic assessments and relationship-focused treatment around the clock. One of the programs also integrates substance use treatment for adolescents struggling with substance use disorders in

addition to emotional and behavioral challenges. All services are monitored by a board-certified child and adolescent psychiatrist and nursing and residential staff.

Day Treatment Programs

Day treatment is an individualized treatment program for children who struggle in the classroom setting due to mental and emotional health issues. The program offers academics in conjunction with therapeutic techniques to assist clients in overcoming challenging behaviors. Organization Y partners with local schools and employs licensed instructors to provide a curriculum that aligns with the department of public instruction. The program provides year-round services and comprehensive educational testing.

Therapeutic Foster Care

Therapeutic foster care is designed for children and adolescents who require a therapeutic home environment to treat their mental health and emotional behaviors. The program provides a structured home environment to help children transition from residential placements before returning to their permanent home setting. Foster parents are fully licensed, and the organization partners with other agencies to ensure the implementation of evidence-based practices in the home.

Intensive Alternative Family Treatment

Intensive alternative family treatment is one of the therapeutic foster care services within the community. Intensive alternative family treatment is a high-structured home environment for children and young adults ages 6-21. This treatment option provides a highly structured home environment for children and young adults with substantial behavioral and emotional challenges. The model supports family-centered plans in a

therapeutic environment that allows the client to address their issues successfully. The foster parents in this program are experienced and licensed to meet the needs of high-risk children and work collaboratively with a treatment team (licensed clinicians, medication management, crisis support, respite support, and psychiatric oversight).

Intensive In-Home Services

Intensive in-home services are designed to assist children and families in identifying problem behaviors. The program establishes a team between the families and counselors to engage the child, the family, and the community. Intensive in-home provides services for children ages 3-20. The purpose of this program is to provide clients with the tools needed to manage their disruptive behaviors while remaining in the home setting and community. Program staff use cognitive behavioral therapy to identify and redirect negative behaviors through empowerment and self-reflection. The program's goal is to facilitate activities and therapy to support family, peer-to-peer, and community engagement. Through this model of care, clients and their families are able to remain intact while having access to clinical services and community supports.

Organizational Background and Context

In 2018 the organization took part in a pilot program implemented in the state to reduce and eliminate seclusion and restraint in residential facilities serving children and adolescents, which prompted a closer examination of restrictive intervention use. Additionally, as part of the reaccreditation process with The Joint Commission, the agency was challenged to reduce incidents to zero to promote the safety and well-being of clients served. As a result of these two ideas, the agency discontinued seclusion in its

PRTF program in August 2020. Although the agency moved forward with implementing a no seclusion policy, organization leaders were uncertain of how to implement sustainable change while still serving the client population. Research shows that restrictive interventions such as seclusion are implemented in healthcare to maintain safety; however, they are not without risks of injury or even death (Nielson et al., 2021; Riahi et al., 2016). In their efforts to navigate this change, the organization's leaders used components for The Six Core Strategies©, which is an evidence-based framework to help guide healthcare organizations in reducing aggression and violence, thus decreasing the need for seclusion and restraint (Huckshorn, 2004; Huckshorn et al., 2014; LeBel et al., 2010)

Organization Y's organizational mission, as noted on its website, is to provide treatment to children and their families using a variety of services to help them make choices and manage their own lives, psychological health, and well-being. The organization's mission reflects its vision and values to provide an array of services to children and families as they transition between treatment needs and build positive relationships and heal from trauma. According to its website, Organization Y has served children with emotional and mental health problems since 1946. The organization expanded in the late 1990s to offer more comprehensive services. In 2003 and 2019, the organization continued to pursue its vision of providing an array of services by merging with two other organizations to reach older children and expand community-based services.

As of 2021, Organization Y operates in 70 counties throughout the state, employing approximately 500 workers. Organization Y and its affiliates provide services to over 10,000 children annually via three service lines: community-based services, residential treatment, and outpatient and diagnostic services. The programs and services offered are designed to meet the varying needs of children in care who are experiencing behavioral and emotional challenges.

Organization Y's performance-improvement systems include monthly performance improvement audits report to supervisors, clinicians, and case managers. These reports are used to monitor documentation compliance, the environment of care, health and safety, and risk management. The performance improvement manager and performance improvement coordinators conduct regular quality assurance documentation and site inspections. Performance coordinators and supervisors participate in regular meetings to review and monitor the use of restrictive interventions and safety policies to measure improvements and risks that impact staff and clients. Supervisors conduct daily documentation reviews to improve the quality and completeness of client charts for documentation and billing. Organization Y also distributes client satisfaction, community stakeholder, and employee satisfaction surveys. Results are summarized and analyzed to inform strategic planning decisions and determine if the organization is meeting its goals.

Organization Y's financial planning involves developing programs and targets that will meet budgetary constraints and promote the organization's mission. The planning process includes the senior management team reviewing data compiled throughout the previous fiscal year to make projections and goals to advance the organization's mission.

The CFO and financial analyst meet once a week with other members of senior management to discuss the budget and if targets are being met. Management team meetings are held bimonthly to review the team's budget and report profit margins based on service lines. Financial records are available online; however, the financial publications available for viewing on the website are not current. They are for 2015-2016.

The VP of performance improvement oversees key factors for compliance with state and other regulatory bodies such as The Joint Commission. The organization is responsible for meeting the requirements established to maintain accreditation and compliance with local, state, and federal law. Employees are trained to meet regulations and engage in ethical work practices.

Terms Used at Organization Y

Performance improvement: The continuous study and revision of policies, procedures, and processes within the organization to increase desired outcomes and better meet clients' needs and strategic goals.

Physical restraint: A hold performed to restrict the movement of a client who presents a danger to themselves, or others implemented to ensure safety and manage behaviors.

Psychiatric residential treatment facility (*PRTF*): A structured relationship-based therapeutic program in a residential setting where clients are supervised around the clock.

Restrictive intervention: Any intervention that is used to restrict the movement of a client and includes physical restraint and seclusion.

Seclusion: Placement in an isolated room to create a controlled environment to allow an agitated client to calm down.

Summary

Organization Y has been providing services to children with mental health and emotional issues since 1946. Over the years, the organization has expanded and made efforts to address the needs of children throughout the treatment continuum. This expansion has included transitioning to trauma-informed and evidence-based practices and adopting a treatment model that focuses on the growth and healing of children. To continue on this path in 2018, organizational leaders began to explore strategies to reduce and eliminate the use of seclusion and restraint in its residential program. In 2020, the organization took a major step in the direction of trauma-informed care by eliminating seclusions and implementing strategies to address problem behaviors without jeopardizing the safety of clients and staff.

Section 2 will include a literature review supporting this study. I will explore the use of restraint and seclusion in mental and behavioral health settings and strategies for reduction or elimination. In the section, I will also review evidence-based practices related to reduction or elimination and offer more information on the organization's strategy and purpose for this study.

Section 2: Background and Approach—Leadership Strategy and Assessment

Introduction

The purpose of this study was to explore from an organizational leader's perspective best practices for the sustainable reduction or elimination of restrictive interventions in behavioral healthcare settings. In this study, I examined the processes put in place by Organization Y's leaders following their transition from a seclusion-permitted setting to a no seclusion policy for all PRTF clients. The desired outcome of studying Organization Y's implementation of this policy was to identify specific strategies or best practices for eliminating seclusion while maintaining the safety and well-being of clients with challenging behaviors. The findings and recommendations from this study may encourage the leaders of other organizations seeking to become more trauma-informed in their practices by eliminating seclusions while concurrently addressing problem behaviors.

In Section 2, I will review the current literature on the use of restrictive interventions within behavioral health care settings. I will also review the implementation of Huckshorn's (2004) The Six Core Strategies© in the reduction or elimination of restraint and seclusion in behavioral health care settings. Additionally, this section includes information on the leadership, clients served, and strategies employed by Organization Y. Finally, the study's data collection and analytical strategy are discussed.

Supporting Literature

I searched for literature using Walden University Library databases and Google Scholar, as enumerated in Table 1. The date ranges for the search were 2015-2020. The

review of the literature revealed the use of restrictive interventions within the identified

population and the controversies for effectiveness. The literature on reduction and

elimination pointed heavily toward the use of The Six Core Strategies©, which accounts

for some of the data sources not falling into the identified date selection.

Table 1

Databases and Search Terms Used in the Literature Review

Database	Search term
Thoreau	Reducing seclusion AND restraint
	Restrictive interventions AND residential facilities
PsycINFO	Restrictive interventions AND seclusion and restraint AND reduce or decrease or minimize or prevent
	Six core strategies AND seclusion and restraint
	Six core strategies AND Huckshorn
Google Scholar	Restrictive intervention in mental health [a]
Sage Journals	Children AND restraint AND seclusion
	The Six Core Strategies
SocINDEX	Seclusion and restraint AND reduction

[a] Restricted by date (2015-2020).

Seclusion and Restraint

The use of seclusion and restraint in behavioral health care settings has been

under intense scrutiny from governing agencies such as the Centers for Medicare &

Medicaid Services, as well as by mental health advocates and mental health professionals

(Huckshorn, 2004a; Huckshorn et al., 2014; Wisdom et al., 2015). A review of the

literature shows the rationale or need for a reduction in seclusion and restraint in mental

health settings. Researchers have examined the adverse effects of seclusion and restraint

on clients and staff (Craig & Sanders, 2018; LeBel & Goldstein, 2005; LeBel et al., 2010). They have concluded that the use of seclusion and restraint is contradictory to best practices and trauma-informed care.

The effects of seclusion and restraint often have lasting effects that are detrimental to clients and staff and impact the organization as a whole (Roy et al., 2019). Primary effects include an increase in injury and death, programmatic costs to the organization, a decrease in staff morale and motivation, and unsuccessful client outcomes, namely a change in problematic or challenging behaviors (Geoffrion et al., 2021; LeBel et al., 2010; Roy et al., 2019). This literature promotes a need to reduce seclusion and restraint and the use of strategies that are proven and grounded in research that facilitate and promote sustainable change.

The Six Core Strategies©

The conceptual framework established by Huckshorn (2004), known as The Six Core Strategies©, is an evidence-based training curriculum designed to assist organizations in reducing seclusion and restraint use. The Six Core Strategies© are as follows:

- leadership toward organizational change,
- use of data,
- work force development,
- use of seclusion and restraint prevention tools,
- customer roles in impatient settings, and
- debriefing tools.

Some behavioral health organizations began to use the six strategies were put in place following a call to action and an initiative of the Substance Abuse and Mental Health Services Administration (LeBel et al., 2010). Following this call to action, the National Association of State Mental Health Program Directors reviewed the literature. It noted a trend among organizations who were able to successfully reduce the use of seclusion and restraint.

Across the United States, the leaders of various mental health organizations have implemented The Six Core Strategies©. Several researchers have investigated the use of The Six Core Strategies© in the mental and behavioral health care setting and the shift to trauma-informed care to manage and address problematic behaviors in behavioral healthcare settings (Dike et al., 2021; Huckshorn, 2014; Huckshorn et al., 2014; Riahi et al., 2016; Wisdom et al., 2015). Riahi et al., (2016) concluded that although the strategies are effective and easily implemented, additional feedback and evaluation is needed to effectively implement sustainable reduction in seclusion and restraint in these settings. Thus, further research is needed to determine which strategy may be most advantageous in reducing seclusion and restraint.

In 2018 Organization Y embarked on a statewide initiative to prevent violence, trauma, and the use of seclusion and restraint in behavioral health settings. The initiative resulted in the implementation of the Six Core Strategies© and the elimination of seclusion in the PRTF program. A key factor to Organization Y's strategic planning involves implementing evidence-based and sustainable strategies (see Bryson et al., 2017; Huckshorn, 2014). The process involved establishing a multidisciplinary team of

employees (direct care staff, therapists, supervisors, psychologists, and senior management) to examine the organization's practices and implement the techniques from the research to establish best practices to ensure the safety of clients and staff. Once implemented, the plan is tracked, and the team meets regularly to review progress and ensure fidelity.

Trauma-Informed Care

Trauma-informed care is essential to the work and the model of care implemented at Organization Y. According to the Child Trauma Academy (https://www.childtrauma.org), trauma impacts healthy brain development, stability, and security, which may lead to behavioral and emotional challenges as the child matures. Research shows that children who have experienced trauma struggle with higher-level processing and respond in aggressive, impulsive, and argumentative ways when under stress. Organization Y relies on the neurosequential model of therapeutics, a model which maps the neurobiological development of mistreated children and organizes their history and current level of functioning (Perry, 2009). The model informs staff's work with children and families by clarifying their understanding of neurodevelopment and trauma. Organization Y leaders have used this model of care since 2012 and continue to work with Dr. Perry, the model's creator, to understand the emotional and psychological impacts of trauma on children and how to best address the trauma to help them heal and develop lasting relationships.

Sources of Evidence

To present a comprehensive picture of Organization Y, I used multiple data sources to explore the organization's strategic planning and implementation processes. I conducted semistructured qualitative interviews and reviewed redacted archival data collected by the facility, such as restrictive intervention (seclusion and restraint) reports and staff and client surveys. I also reviewed existing company data, including the strategic plan and restrictive intervention data.

By reviewing existing records, I had the opportunity to learn about the organization's processes to eliminate seclusions and address any challenges they may have faced in light of this transition. Additionally, I gained insights into the organization's strength and organizational culture that promoted successful implementation or any challenges they may have faced due to this transition. The agency is also working collaboratively with the state to reduce and eliminate seclusion and restraint in residential treatment facilities; as a result, I reviewed records and data pertaining to this initiative that may have influenced or informed organizational change.

I conducted qualitative interviews with members of senior management to obtain information about the felt experiences of leaders in the organization as a result of the transition to no seclusion. The data sources that were specifically used to understand the use of restrictive interventions and the felt experiences of staff were charts and records on restrictive interventions used within the organization and staff surveys conducted by the organization before the no seclusion policy was implemented. The strategic plan for implementing two of The Six Core Strategies© and the statewide initiative to reduce and

eliminate restraint and seclusion furthered understanding on the organizational change and development components of the research. The qualitative interview provided insights on the leadership and what precipitated the facility's transition to no seclusions.

Leadership Strategy and Assessment

A volunteer board of directors governs Organization Y. The board of directors are community members who represent businesses, community partners, and other stakeholders with a vested interest in the children and families served. The board provides recommendations to the executive leadership team based on local, state, and federal law, along with community interest. The organization's leaders have ultimate control of which recommendations will be implemented across the agency. The organizational structure of Organization Y is shown in Figure 1.

The organization is accredited by The Joint Commission and must be reaccredited every 3 years. To maintain accreditation, the organization must meet the standards set forth. The board of directors regularly reviews these standards and conducts audits internally to ensure that the organization meets the standard of performance outlined by The Joint Commission. As a long-term licensed facility providing mental health services, the organization is also governed by the state's Division of Health Service Regulation (DSHR). DSHR oversees medical, mental health, and adult care facilities, emergency medical services, and local jails across the state to ensure care are safe and appropriate for clients. Last, the organization must also adhere to the rules and standards of Medicaid and the various managed care organizations responsible for payment of services rendered.

When implementing strategies, the organization is first obligated to follow local, state, and federal law. One of the key governing agencies that influences strategies and processes is DSHR. The organization must ensure that any policy, plan, or process upholds the safety and well-being of clients. The agency then reviews the recommendations from the board and determines which would be beneficial in advancing the goals, missions, vision, and values of the organization.

Organization Y has two key strategic planning processes that influence how and when plans are implemented. The first step is that members of senior management have strategic planning meetings to discuss and determine the organization's overall strategic direction for a given fiscal year. As a nonprofit organization, the agency must carefully leverage its resources to accomplish its goals.

In May 2018, Organization Y joined a pilot study to prevent violence, trauma, and the use of seclusion and restraint in behavioral health settings and increase family engagement. The agency first created a multidisciplinary team encompassing the various disciplines within the program to address a core strategy to promote this mission. The organization's leaders decided to create and implement a strategic plan that focuses on leadership and seclusion and restraint prevention tools. They predicted that this focus on these two strategies would decrease restrictive intervention within the PRTF program by providing additional oversight and support for organizational change and trauma-informed care.

In this study, I analyzed Organization Y's strategic plan for implementing The Six Core Strategies© to better understand the agency's implementation process and

leadership involvement. It is important for the organization to examine the steps and resources used to change and influence organizational culture. Organization Y has identified two strategies that may effectively reduce their restrictive interventions; however, they may be missing or overlooking other core strategies that may have greater influence.

Clients/Population Served

Organization Y offers 12 programs and services throughout the state that serve children and young adults with behavioral, emotional, and mental health problems; however, I only focused on the PRTF program for this study. The PRTF program serves children ages 5-14 in a 36-bed unit. According to Organization Y's website, the organization can provide services statewide and follow the child throughout the treatment process to improve client outcomes by ensuring clients transition to the appropriate program as they transition and improve. The organization obtains information from referral sources prior to admission. Once clients are admitted staff provides daily progress notes to document client progress in addition to Child and Family Team meetings every 30 days. Clients are able to provide direct feedback through surveys and residence council meetings conducted by the organization.

Organization Y had a total of 84 enrollments from August 2020 to March 2021. According to the client census report, the majority of the clients were males between 8-14 years of age. Table 2 illustrates the demographics of Organization Y's population of 84 clients. I obtained the data from the program enrollments census report on the organization's website. All clients enrolled in the PRTF program participate in structured

activities in accordance to the model of care. The agency utilizes a relational approach to treatment and engages clients in a developmentally and trauma informed manner.

Table 2

Demographic Chart of Clients by Enrollment (August 2020-March 2021)

Baseline characteristic	*n*	%
Gender		
Female	32	38
Male	52	62
Age		
5-7	2	2
8-14	82	98

Workforce and Operations

Organization Y's workforce structure includes leadership, management/supervisors, clinicians, operational and clinical support, and direct care staff. Leaders are required to hold a postgraduate degree. Direct care and support staff are required to hold a high school diploma; however, a bachelor's degree in a related human service field along with 4 years of mental health experience is preferred. Management/supervisors are required to meet the requirements specified for a qualified professional and have a minimum of 2 years of experience in child/adolescent mental health treatment services. Clinicians must have a master's degree in mental health service, and 2 years of related experience in behavioral healthcare is preferred. Fully licensed or associate-level mental health licenses are required, such as licensed clinical social worker, licensed clinical social worker associate, licensed professional counselor, licensed professional counselor associate, or licensed psychological associate.

Organization Y coordinates all job required training, including cardiopulmonary resuscitation (CPR), first aid, and restrictive intervention training. During orientation, the organization's mission is shared along with the service array, benefits, policies, and procedures. Organization Y provides refreshers regularly to maintain compliance with health and safety requirements for the state and accrediting bodies.

Staff meetings, monthly supervision, introductory and annual performance evaluations are conducted to monitor and provide feedback on staff performance or areas of improvement within the agency. Evaluations are conducted to assess completion of required training, competence, and performance concerning job expectations, basis for pay increases, and continued employment with the organization.

Analytical Strategy

In this study, I reviewed archival organizational data and conducted qualitative interviewing to explore the best practices for the elimination of restrictive interventions in behavioral health care settings. The use of archival data was used to determine organizational practices and semistructured interviews were conducted to gain organizational leaders' perspectives on sustainable best practices following the implementation of the no seclusion policy. This study's findings were analyzed for emerging themes as it relates to the phenomenon being studied. Additionally, the use of thick description and data/perspectival triangulation were used to analyze the data and ensure the validity of the study.

Archival and Operational Data

The sources of archival data for this study included criteria for admission into the PRTF program, restrictive intervention policies and reports, organizational structure, strategic and financial planning documents, program planning and implementation documents, and staff and client surveys. The leadership provided information that I otherwise did not have access to because of my employment with the organization. Additional reports were generated from software programs maintained by the organization to collect and track client information related to census and restrictive interventions. The BHLs were provided with a description of the purpose, use of materials, and interviews for this study before data collection. The program's VP of operations provided written permission allowing me to access documents and conduct the interviews needed.

The specific strategies and processes for analyzing the data and achieving validity were thick description and data/perspectival triangulation. Ravitch and Carl (2016) define thick description as a method used by qualitative researchers to describe the research in terms of participants, context, and experiences to thoroughly allow the reader to make more contextualized meaning of the findings. This method aims to provide the reader with important contextual factors that will allow them to make interpretations and determine validity. In addition to this technique, data triangulation was also used. Triangulation of data sources involves the process of collecting data from different sources addressing the same topic (Ravitch & Carl, 2016). By using perspective

triangulation, I was able to analyze the perspectives of different participants (leadership, staff, clients) as it pertained to the topic of this study.

Evidence Generated for the Doctoral Study

Evidence for this study included two interviews with leaders involved with the PRTF program and strategic planning and governing of the organization. The two leaders interviewed were the ED of residential services and the VP of performance improvement. Each leader has worked with the organization for at least a decade and has had various roles before accepting their current positions. Both leaders have experience running and providing direct care with this population, including performing and monitoring the use of restrictive interventions.

Procedures

Interviews were scheduled at the convenience of the interviewees and conducted individually to ensure confidentiality. The names of the interviewees were redacted to protect their identities, and the identity of the organization and titles were used to distinguish participants. Interviews were scheduled for an hour, and interviewees were informed in advance of the allotted time. Before conducting the interviews, I reviewed informed consent and the purpose of the interview. Interviews were audio recorded with participants' consent for transcription and coding purposes. Participants were reminded that consent is voluntary and can be withdrawn at any time. Verbal consent was provided before recording commenced.

During the interview, the interviewer asked questions based on the role the participant plays in the organization. Clarifying or probing questions were asked to

ensure effective communication between the interviewee and the interviewer. Interviews were transcribed and reviewed to ensure accuracy. Transcribed interviews were provided to interviewees upon request. Interview recordings and transcripts were stored on a password-protected computer and backed up on an external hard drive.

Themes were identified through the coded interviews and compared to the themes identified in the literature. Key concepts were coded to identify themes in the individual interviews and overarching themes between the two leaders. The themes identified were used to link concepts and capture the interviewee's views and understanding.

The Baldrige Framework for Excellence (NIST, 2020) informed the development of the RQs and analysis of information captured during the interviews. I evaluated study data in terms of Baldrige's core areas and conjunction with The Six Core Strategies© literature. This study concentrated on the outcomes of analyzing the organization's processes and response to change. Participants' responses may have included both conscious and unconscious knowledge that aligned with the literature and framework.

The following questions were asked of the participants. Questions evolved as the study continued to develop and took into consideration the roles of the participants.

1. What precipitated your facility to reduce or eliminate the use of seclusion?

2. How did this transition impact your organization?

3. How were the changes communicated?

4. Who communicated this information?

5. What barriers or challenges did your organization encounter with the implementation of the no seclusion policy?

6. How do your strategic objectives achieve an appropriate balance among varying and competing organizational needs?

7. How do you gather actionable information from clients?

8. How do you ensure workplace health, security, and accessibility for the workforce?

9. How do you facilitate an organizational culture characterized by open communication, high performance, and an engaged workforce?

Procedures for Analysis

The Baldrige scoring system was used to analyze collected data and organizational processes. Four factors were used to evaluate processes: approach, deployment, learning, and integration (NIST, 2020). Organization Y examined leadership as a strategy for reduction, which is also one of the factors examined in the Baldrige framework.

Interviews were recorded and transcribed. Transcripts were uploaded to NVivo 12 (https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software) qualitative data analysis software, a qualitative data software platform that assists researchers with coding and theme identification. Once codes are identified, themes were identified, and thematic analysis was conducted. After themes were identified, they were compared to themes found in the literature to identify best practices the organization can use following the removal of seclusion as a behavior modification strategy.

Researcher's Role

I was the primary data collector responsible for engaging the stakeholders for participation, evaluating the data, protecting confidentiality, minimizing harm, and avoiding bias (Laureate Education, 2013). I prioritized achieving credibility and avoiding bias. Routine communication with stakeholders, such as senior management, served to set expectations, understand the data, and analyze the program's strengths and areas for improvement.

I had to balance the needs of this study with the role of researcher and employee to ensure credibility and evaluation trustworthiness. The dual relationship defined as both researcher and employee may present a challenge that required bracketing. The challenge remained a focal point in the evaluation to ensure balance by objectively analyzing the agency's processes and procedures.

Summary

The use of seclusion and restraint as a means of behavior management is a controversial topic illustrated in the literature. As research continues to progress in this subject, methods and strategies are being explored to assist the organization in minimizing or even eliminating the use of the techniques, particularly with the child and adolescent population. Organization Y has used the research to inform its decision to discontinue seclusion with its PRTF population. There may be some challenges with identifying which strategies are most effective; however, Organization Y is implementing the evidence-based practices that will lead to success on some level.

Section 3 will evaluate the organizational workforce environment and how Organization Y engages its employees. The processes the organization uses will also be evaluated in the context of performance improvements and service delivery.

Section 3: Measurement, Analysis, and Knowledge Management Components of the

Organization

Introduction

I examined the role of workforce engagement, training, and operation to support

Organization Y's leadership with identifying sustainable best practices for eliminating

seclusion in its residential programs. I gathered sources of data from policies and

documentation provided by agency leaders. Additionally, I conducted semistructured

interviews with senior-level leaders to gain insights into the organization's governance

and the program. I developed the following RQs to address the identified organizational

problem.

RQ1: What are the best practices implemented to reduce the need for and prevent

the use of seclusions in a behavioral health care organization?

RQ2: What strategies could be implemented to assist staff and clients during this

transition?

RQ3: What are some of the ways a PRTF takes the temperature of their

organization's culture in the face of change?

RQ4: In what ways does a PRTF and its culture shift when moving from a

seclusion-permitted to a no seclusion policy?

Analysis of the Organization

Organization Y's services are based upon referrals from various sources, including

hospitals, parents, schools, and state and county agencies, its website notes. The

organization manages two residential programs serving children ages 5-18 years.

Organization Y screens potential clients based on the program's service definition and the organization's ability to meet unmet needs related to behavioral and emotional problems. The intake department works closely with the clinical team and ED of residential services to ensure clients meet the criteria outlined in the service definition and recommendations from the managed care organizations and referring agency. When an individual is deemed unfit for services at Organization Y, the treatment team will offer recommendations and case management services to link the client to the needed services. The extent to which an organization can implement strategies to reduce or eliminate the use of seclusion or restraints is based on whether the treatment environment has created policies, procedures, and practices built on the principles of recovery and the characteristics of trauma-informed care (Huckshorn, 2004).

Workforce and Operations

Employees at Organization Y are recruited through career fairs at local universities, job fairs, social media, online employment websites, and employee referrals. To determine if an individual will meet the criteria needed to successfully complete job duties, the agency's recruiter conducts a screening of the applicant's credentials as indicated in the application and resume and then conducts a phone interview. If an individual appears to have the capability and capacity, the applicant must complete an in-person (or virtual due to COVID-19 restrictions) interview with the program supervisors. After this process is complete and program supervisors identify that the individual will be a good fit, Organization Y's recruiters and human resources team complete a series of onboarding documents, including references, criminal background check, Diana Screen

(risk assessment for sexual abuse and sexual boundary violations), drug tests, and driving and residential history.

New employees complete a 14-day training/orientation to introduce them to the agency, the model of care, interventions, and job shadowing on-site before entering the milieu. Onboarding includes CPR and first aid (CPR recertification annually, first aid recertification biannually), workplace safety, ethical comportment, client care, sexual harassment, professional development, policies and procedures, and therapeutic crisis interventions, including physical restraint and verbal de-escalation skills training. Employees who successfully complete the 2-week orientation continue with online training modules to reinforce skills and begin a 6-month introductory/probationary period. During employment, staff complete refreshers after that. The organization is committed to building a strong and competent workforce by ensuring that new hires are trained and prepared to perform their expected job duties.

Training content focuses on therapeutic crisis intervention, workplace safety, infection control, client care, and professional development. Key factors in ensuring staff are recruited and are a fit for the agency include buying into the organization's vision and mission and sharing the organization's values with an emphasis on fair and ethical treatment of clients based on the model of care and research. All employees participate in annual refresher training covering the following content:

- therapeutic crisis intervention physical refresher (physical restraint techniques)

- therapeutic crisis intervention written refresher (de-escalation techniques)

- workplace safety

- corporate compliance and ethics

- infection control

- fire and natural disaster safety

- security training on the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

- bloodborne pathogen training

- driver safety

- child protection policy and environmental care

- neurosequential model of therapeutics

- trauma-informed care

In addition to the training, all employees in the residential service line must complete an annual recertification exam for CPR and first aid refresher courses every 1 and 2 years, respectively.

The organization has primarily relied on face-to-face training for all new hires and annual refreshers; however, due to COVID-19, the agency transitioned to virtual training in 2020 except for therapeutic crisis intervention physical training and CPR, and first aid. To accommodate the organization's needs and ensure that all new hires are properly trained, staff held smaller classes held per state and federal guidelines for in-door gatherings in light of the global pandemic. The organization regularly reviews training and seeks input from new hires following orientation to assess the effectiveness of the current curriculum. The training director must first review changes to the curriculum and

then present it to the performance improvement team before it is presented to senior management for implementation.

Workforce Supervision and Support

Monthly supervision meetings with employees who have not met the educational and experiential requirements to practice independently (i.e., qualified mental health professional), and yearly for those who have, provide opportunities for management to discuss and provide feedback on performance and training. In addition to formal supervision, all managers have an open-door policy and offer coaching to aid employees in professional development or provide a forum to express concerns. Supervisors also receive formal training on organizational policies, documentation, conflict resolution, and effective communication.

Organization Y also receives feedback from employees through monthly staff chats with the CEO, a virtual suggestion box, employee satisfaction surveys, and exit interviews. Senior management use the feedback obtained from these sources to gauge employee satisfaction and identify possible changes needed in training and recruitment. Additionally, the agency has an employee engagement team that sponsors company programs to foster diversity and staff involvement. Organization Y formally and informally recognizes employees during supervision, staff meetings, and the employee recognition program.

The agency supports its workforce by offering an employee assistance program, promoting an organizational culture of work-life balance, and performance improvement audits. Annual training reviews workplace safety, competence, diversity, and client care.

The organization also offers a benefits package for full-time employees (40 hours/week) and part-time employees (32 hours/week).

Workforce Communication

Organization Y staff use formal and informal means to communicate with employees to disseminate information internally and externally. All employees are expected to use secured email to communicate with management and the treatment team. Companywide communications are either publicized via the company newsletter (sent electronically) or Yammer or distributed by supervisors/managers to the direct care professionals whom they supervise. Direct-care staff in PRTF also communicate through a conference line or video conferencing system for biweekly team meetings with clinical staff and supervisors. Newsletters, social media, fundraisers, telephone calls, and networking events are used to connect with stakeholders internally and externally.

Organization Y also has intranet services that allow employees to share information with management, direct care staff, administrative/support staff, and clinical staff. The communications and marketing team has also increased the organization's social media presence on Facebook and revamping the company website to raise awareness and visibility in the community. All management levels have an open-door policy that encourages direct communication and transparency within the agency. Contact information and organizational flow charts are readily available to foster communication.

Workforce Engagement

Organization Y's assessment of employee engagement occurs annually via employee surveys. The results are analyzed by the performance improvement team and presented to show a company snapshot and to identify potential areas of concern. The feedback obtained from the surveys may be used by senior management during strategic planning and the review and implementation of policies and procedures. In addition to surveys, Organization Y requires all managers have an open-door policy to provide employees with a comfortable place to express concerns and offer feedback. The CEO also facilitates monthly staff chats companywide.

Succession planning and career progression is an important value for Organization Y. The organization strongly believes in hiring from within and promoting internal advancement within the workforce. Human Resources regularly reevaluates the organizational structure and career opportunities to facilitate internal advancements. Available positions are first presented to current employees who are encouraged to apply before opportunities are presented to the community outside of the agency.

In its effort to capture the employee voice and experience, the agency captures feedback through an online suggestion box, employee satisfaction surveys, and informal chats with the CEO. These activities are in place to foster communication and strengthen employee morale and engagement.

Operations

Operations for Organization Y are built on policies established by DSHR and The Joint Commission and managed through shared departmental duties and supervision.

Policies and procedures are regularly audited and evaluated to ensure they meet or exceed local, state, and federal requirements. Services are often revised and reevaluated based on changes in laws, client needs, The Joint Commission standards, and department of public safety regulations.

Direct care supervisors verify service delivery through a review of progress notes and model of care observations. Audits are conducted regularly by the performance improvement team to ensure documentation for seclusion and restraint are accurate, in addition to treatment plans and discharge summaries. Monthly performance reviews called Tracers are conducted to review preselected client files to ensure that all necessary documents for service delivery are present. The process is shared with the clinical team and managers, who then communicate areas in need of improvement to direct care staff. Additionally, every 3 years, the agency goes through the reaccreditation process with The Joint Commission to maintain accreditation.

Knowledge Management

Organization Y leaders regularly review performance information to ensure that there are measurable outcomes and that the agency meets the requirements to maintain accreditation with The Joint Commission. The fiscal budget is established annually and regularly monitored to control overall costs, manage vendors, and ensure that the agency operates in a financially responsible manner. Financial reports are annually generated and analyzed. This information is used to inform decisions and plan how services will be rendered.

Organization Y leaders synthesize organizational performance information by measuring outcomes based on the budget and deliverables. The accounting team regularly generates financial reports to provide information to senior management and program directors and managers regarding profits and loss. The information obtained from these reports informs decisions on what service lines meet performance goals and strategic plans for future service lines or improvements to existing services.

Staff enter service documents into an electronic health record accessible wherever there is a secured internet connection. Service data and billing reports are reviewed weekly, and progress reports are typically reviewed daily or within 24 hours of data entry. All data for the service line are entered electronically into the record system, and reports can be generated based on what information is required for analysis. The agency is considered data-rich, and various reports are used to design and improve systems to ensure the health and safety of all clients. The performance improvement team analyzes data to determine what risks the company is willing to assume and protect against it. Staff must undergo training on HIPAA, security, professional development, treatment team meetings, and staff meetings.

Summary

Organization Y has a number of systems in place to recruit, train, and engage its workforce to promote high performance and growth. Organizational leaders use self-report data, supervision, and coaching, and training to ensure that all staff are prepared and able to successfully complete their duties as assigned. The organization's leaders also regularly review organizational policies, financial data, training, and staff to obtain data

that will inform strategic planning and assist in developing and implementing policies and procedures.

In Section 4, I will present the results of this investigation and consider their implications. Sources of evidence are discussed as they pertain to the organization and the practice problem. The organization's programs and services, client-focused results, workforce-focused results, financial and marketplace performance results, and new initiatives will also be discussed.

Section 4: Results—Analysis, Implications, and Preparation of Findings

Introduction

Organization Y provides behavioral health services in the form of outpatient, residential and community-based programs for children and adolescents ages 5-18. The organization expressed a desire to reduce the use of restrictive interventions in its residential programs as a behavioral modification tool and method to maintain the safety of clients, staff, and others. In August 2020, Organization Y implemented a no seclusion policy to reduce violence and trauma. Organization leaders examined the role of leadership and reduction tools as strategies to reduce the use of restrictive interventions in the residential program. I sought to answer the following RQs:

RQ1: What are the best practices implemented to reduce the need for and prevent the use of seclusions in a behavioral health care organization?

RQ2: What strategies could be implemented to assist staff and clients during this transition?

RQ3: What are some of the ways a PRTF takes the temperature of their organization's culture in the face of change?

RQ4: In what ways does a PRTF and its culture shift when changing from a seclusion-permitted to a no seclusion policy?

I used multiple data sources to explore Organization Y's strategic planning and implementation processes during the implementation of the no seclusion policy. I conducted semistructured qualitative interviews and reviewed redacted archival data provided by the facility including restrictive intervention (seclusion and restraint) reports,

staff surveys, and client surveys. I reviewed existing organization data along with the strategic plan and restrictive intervention data. Interviews and surveys were analyzed using qualitative methods of coding and thematic analysis. Themes identified from the analysis may have implications for the organization, clients, employees, and stakeholders. In this section, I will present the results and discuss their implications for Organization Y, as well as consider the study's social impact and the strengths and limitations.

Analysis, Results, and Implications

Client Program and Services

I measured Organization Y's results using The Six Core Strategies© (Huckshorn, 2004) and The Joint Commission Standards (The Joint Commission, 2020). The Six Core Strategies© is a conceptual framework for reducing the use of restraint and seclusion in residential treatment. The Joint Commission accredits health care organizations to promote client safety and care along with improvement activities.

Organization Y received reaccreditation from The Joint Commission in 2019 and based on reaffirmation, has provided satisfactory evidence of providing quality care to clients. The reaccreditation process happens every 3 years, and the organization conducts internal audits between visits to ensure that standards are met and maintained. The accreditation process ensures that the organization is achieving the standards established by this external body to reduce or minimize harm related to interventions and care provided. However, an understanding of practices implemented in achieving this standard required the implementation of two of the Six Core Strategies (Strategy 1: Leadership

Toward Organizational Change and Strategy 4: Use of Seclusion and Restraint Reduction Tools) and elimination of seclusion from the PRTF program.

According to the VP of performance improvement, tracking of restrictive interventions use is conducted weekly and includes, classification, client and staff involved, frequency, and duration. The results of internal audits are sent to the ED of residential services and program supervisors. The purpose of the audits is to ensure that the use of restrictive interventions meets The Joint Commission standards for maintaining safety and whether interventions were performed in accordance with training protocols.

According to the VP of performance improvement and the ED of residential services, clinical leadership meetings are held to identify key performance indicators, risks, and trends that inform use of restrictive interventions. PRTF program supervisors also conduct debriefings with staff to discuss trends in behaviors that lead to intervention use. The senior leaders interviewed for this study noted that Organization Y is "data rich" and is in the process of learning how to use the information obtained to make and implement sustainable changes to better inform care.

According to the VP of performance improvement, Organization Y has systems in place to improve quality performance and accomplish the goal of eliminating seclusion and creating lasting change. Organization Y acknowledges that processes and systems for reaching these goals require further development to identify procedures and policies that are most effective in sustainability. Senior leaders evaluate processes and analyze data to ensure that the areas identified are the best practices to ensure long term success, the VP of performance improvement noted.

Client-Focused Results

Organization Y conducted a survey with clients in August 2020 to gather information on their views of restrictive interventions and staff performance. Thirty-six surveys were distributed to individuals enrolled in treatment in the PRTF program. The survey requested that respondents state their opinions on six statements related to restrictive interventions, staff performance, and reduction tools using a Likert scale. Nineteen clients reported "too many" restraints, 14 reported a "just right" level, and the remaining three stated "too few," as shown in Table 3. The highest score indicated that clients felt staff were performing too many restrictive interventions and the reduction tools such as calming rooms and coping skills boxes were more helpful.

Table 3

Client Survey Results on Restraints

Client thoughts on restraints	*n*	**%**
Too many restraints	19	53
Just right	14	39
Too few restraints	3	8
Total	36	100

Survey results for reduction tools are shown in Table 4. Organization Y also attempted to have monthly "Residence Council" meetings to gain client perspectives; however, due to COVID-19 the meetings had to be postponed.

Table 4

Client Survey Results on Benefits of Reduction Tools

Reduction tool benefit	Calming rooms (*n*)	%	Coping **s**kills **b**ox (*n*)	%

Not at all helpful	5	14	7	20
Usually not helpful	5	14	3	8
In the middle	2	6	7	20
A little bit helpful	9	25	5	14
All the time helpful	14	39	13	36
No response	1	2	1	2
Total	36	100	36	100

Workforce-Focused Results

Organization Y conducted a survey with 96 staff members to understand attitudes

and beliefs regarding restrictive interventions in the PRTF department. Twenty-eight

percent of the distributed surveys were returned. Staff were asked to rate three focus

areas: frequency, training, and reduction. Regarding the use of restraints, 19 staff thought

the frequency of use was just right, two thought the frequency of use was too many, and

two thought the frequency of use was too few. The frequency area included staff

perceptions of the amount of use of restrictive interventions in the program as shown in

Table 5.

Table 5

Staff Survey Results on Restrictive Intervention Use

Staff thoughts on restraints	*n*	%
Too many restraints	2	7
Just right	19	71
Too few restraints	2	7
No response	4	15
Total	27	100

Regarding training, employees were asked if they were adequately trained to work

with the clients and avoid the use of restraints. Approximately 41% of staff believed that

they have been adequately trained to respond to children and avoid restraints. Eleven

percent of respondents stated that they believe that restraints can be reduced to zero. Most of the responses expressing this view were from full-time staff working in direct care with clients in the department. The reduction area focused on staff's perception of the agency's ability to reduce the number of restraints to zero as shown in Table 6.

Table 6

Staff Survey Results on Restraint Reduction

Reducing use of restraint	N	%
Yes, can be reduced	3	11
No, cannot be reduced	11	41
Probably can be reduced	2	7
Maybe can be reduced	3	11
Probably cannot be reduced	8	30
Total	27	100

Analyzing department surveys within the context of eliminating or reducing restraints provided information about how employees in direct care perceive the use of restrictive interventions and their level of training in order to respond to problematic behaviors. The results from this survey reveal that training may not be the factor that most contributes to restraints in the organization. Results may also indicate that other areas may need to be examined to understand why restrictive interventions cannot be fully eliminated.

Emerging Themes

I manually transcribed the interviews I conducted with the VP of performance improvement and the ED of residential services and uploaded the responses to NVivo 12 qualitative data analysis software. The software was used to code the interviews and

establish themes. Themes represent concepts that develop over the course of data analysis

through grouping or categorization of codes (Ravitch & Carl, 2016).

Emerging Theme 1: Leadership

Leadership was indicated as a consistent theme for Organization Y and was a

common thread in the planning and implementation of the no seclusion policy. The VP of

performance improvement indicated that communication between leadership and direct

care staff is essential when making changes and accomplishing goals. The VP added, "I

think a large portion of it is communicating the change in the way we're doing certain

things. I think often times we just tell people to do because it's your job but without

communicating the why.". Furthermore, the theme of leadership was apparent when

addressing the organizational culture and shifting from a seclusion permitted practice to a

no seclusion policy. The ED of residential services expressed that transparency and

accountability are key:

> Employees from top to bottom have to be held accountable for their actions and
>
> the high standard across the board for all staff. We have to maintain transparency
>
> for any guidelines and policies and overall employees have to feel valued and
>
> when those things take effect I definitely thing we have good organizational
>
> culture.

Emerging Theme 2: Use of Data

The use of data by Organization Y to inform decisions, train staff, and better

understand the population (clients served) was also indicated as a theme. Organizational

leaders collect data from a variety of sources and strive to better use that information to

meet organizational demands, the VP of performance improvement noted. The VP added, "We have an enormous amount of data right now, but it's about how do we use that data. How do we prioritize the data that we want and is it the data that is going to help us make that decision that will help us meet our goals?"

Emerging Theme 3: Workforce Development

When considering the use of restrictive interventions, workforce development is an integral part of the process. The need for the elimination of seclusion will require Organization Y to focus on staff training and development. Data from the surveys conducted by the organization and the interview with the ED of residential services indicated that training and staff development are key to eliminating seclusion and ensuring that staff have the resources available to them for success. The ED stated,

> I would say that discontinuing the use of seclusion allowed the organization to become more focused on the training of staff with I would say an emphasis on staff's comfort level of being able to utilize and be effective with de-escalation techniques as opposed to being able to rely on the use of seclusion.

Leadership and Governance-Focused Results

Organization Y's leadership structure consists of the CEO, COO/president, VPs, EDs, CFO, board of directors, and supervisors. The leaders of the agency are responsible for establishing the organizational culture, growth, training, and communication with direct care staff, the ED of residential services noted. Communication with direct care workers is consistent with a top-down leadership style.

Financial and Marketplace Performance Results

The 2020 annual report identifies the number of donors and sources of giving for the Organization Y. The report did not provide a financial breakdown of the organization's expenses or financial goals. According to the data presented, the organization had approximately $3,000,000 in funds; however, the allocation of these funds for organizational needs was not identified. A majority of the donated funds ($2,452,910) was restricted with monies set aside for specific purposes.

Individual, Organizational, and Community Impact

As ascertained from interviews with the VP of performance improvement and ED of residential services, Organization Y's key challenges with organizational, individual, and community impact include the lack of analysis of data. The organization reports the collection of numerous data sets, but it does not know how to use the data that is important for stakeholders and strategic growth. Lack of analysis of data may impact the organization's understanding of what leads to the use of restrictive interventions and the organization's capacity to respond to the need for staff training, client selection, and performance improvement.

Social Impact

The findings of this study may provide behavioral health organizations and researchers with additional insights and information on the reduction or elimination of seclusion in residential care. Alternatives to restraint and seclusion could increase positive behavioral outcomes, decrease injuries or death from restraint or seclusion, and prevent trauma or retraumatization of clients and staff. With the implementation of

successful reduction and elimination strategies the need for restrictive interventions in residential facilities could decrease. With the increase in trauma informed care organizations have taken an interest in reducing retraumatization for clients as a result of seclusion and restraint (Bryson et al., 2017). With the emphasis being placed on reducing risks and emotional trauma in clients, consideration and funding could be placed on establishing reduction strategies and training for implementation of trauma informed care in residential facilities.

Strengths and Limitations of the Study

Qualitative research is a methodological perspective for assisting researchers in gaining an understanding of feeling, opinions, and experiences (Clark & Veale, 2018). This qualitative case study was designed to describe and understand the best practices used to eliminate seclusion in the facility in relation to the implementation of a no seclusion policy.

Strengths

This study adhered to the standards of research established by Walden University and its Institutional Review Board (IRB). The research ethics and protocols were used when gathering data and to guide interactions with participants to obtain an understanding of perspectives and experiences. Adherence to ethical standards ensured the ethical treatment of participants. Furthermore, I adhered to a qualitative approach that allowed for capturing experiences and perceptions of two leaders and reviewing data to better understand the organization and its processes.

The Baldrige Excellence Framework (NIST, 2021) was used to guide the analysis of Organization Y's structure, processes, and performance. The Framework allows for structured analysis of key factors such as leadership, customers, workforce, and operations. The framework is widely acknowledged model for evaluating the effectiveness and efficiency of an organizations ability to meet its mission and vision. The framework is designed to allow an organization to improve performance and navigate change to get sustainable results (NIST, 2021).

I used The Six Core Strategies© data to identify best practices for reducing and eliminating the use of seclusion and restrain in residential facilities (Huckshorn, 2004). The Six Core Strategies© research is an evidence-based conceptual framework that has been used assist organizations in implementing and developing strategies to be more trauma-informed. The use of this framework was used to better understand the practices identified by the organization as they navigated the implementation of the no seclusion policy.

Semistructured interviews with two leaders allowed me to gather the perspectives of leaders in relation to the phenomenon of eliminating seclusion. The interviews were analyzed to identify themes or categories from manually coded data. This approach provided more in-depth responses and understanding of the subject. The interviews allowed participants to share their experiences and views.

Limitations

Although the study was primarily as a single case study design, there were a number of limitations and barriers. This study's limitations included my employment

status with the organization, generalizability of findings to other organizations,

organizational changes, ethical principles because of dual relationship, and conducting

the study during a global pandemic.

The limitation of my dual role with the agency presented issues with obtaining

secondary data sources pertaining to the organization's employees and strategic planning

documents. My professional relationship with the two leaders interviewed may have had

an influence on participation or feedback provided or created potential conflicts. To

minimize the risks of bias I used bracketing and reflexivity. Bracketing is a term used in

qualitative research to refer to a researcher's identification of interests, personal

experience, cultural factors, assumptions, and hunches that could influence a study's data

or interactions with participants (Fischer, 2009). Reflexivity allowed me to examine these

data and be open to how understandings were developed (Fischer, 2009).

Another limitation included generalizability because of the small number of

interviewees. The study was confined to one behavioral health organization and

perspectives from two participants. The use of a small sample size allows a researcher to

better understand a phenomenon; however, it may cause a threat to the internal and

external validity of the study (Campbell et al., 2020; Ravitch & Carl, 2016). The

interviews that were conducted described the experiences and perspectives of two leaders

at one organization and may not apply to a broader group of BHLs.

Organization Y experienced several organizational changes over the course of this

study that impacted how data were disseminated. At the time of the interviews, the

organization had recently transitioned to a new electronic health record system that

limited the access to previously available restrictive intervention data used to track variables such as type, duration, staff, client, and diagnosis related to the use of restrictive interventions. With the transition to this new records system, the integration of software used to perform these metrics had not taken place and led to delays of some data not being unavailable for examination. The organization also experienced some turnover of key leaders involved in assisting me with data collection.

An ethical consideration that was addressed when conducting this study was beneficence. Beneficence is a term that encompasses the principle of do no harm and the obligation of a researcher to maximize possible benefits and minimize possible harms (Office for Human Research Protections, 2018). While conducting research, a scholar must consider the ability to weigh the risks of discontinuing seclusion against the benefits. The use of restrictive interventions can be perceived as a violation of the do no harm principle and therefore must be well defined in a study and the impact on the greater community must also be considered. In relation to the practice problem the discontinuance of seclusion could mean that some clients who display problem behaviors may go without or receive delayed treatment because this intervention is no longer in use at this organization. The *Belmont Report* specifically guides a researcher to consider not only the research subject but society at large (Office for Human Research Protections, 2018). In keeping with the principle of beneficence, I sought, as the researcher, to fully examine the benefits, if any, of a no seclusion policy to aid organizational leaders in their decision-making.

The research was conducted during the height of the COVID-19 pandemic and to remain compliant with local, state, and federal guidelines some adjustments were needed to ensure the safety of participants as well as gaining access to data managed by the organization. Participants were key leasers in the organization who are required to respond and manage the safety of the consumers and staff to ensure day-to-day operations are minimally impacted. As a result of the pandemic there were some barriers with scheduling interviews and obtaining data. The impact of the pandemic on the organization was explored in this research study.

Section 5: Recommendations and Conclusions

Client Program and Service Recommendations

Organization Y leaders obtain data from clients and have procedures in place for continued feedback. However, the organization has experienced several organizational challenges leading to a lack of fidelity to the procedures and processes involved in obtaining client feedback. The organization provides an array of services for clients that are designed to promote social and emotional growth. Progress is tracked through daily shift notes and monthly residence council meetings. Additionally, the organization has maintained The Joint Commission accreditation, which is an indicator that Organization Y has satisfactorily adhered to key standards for safety and quality service.

Organization Y has data on service delivery and client performance that allows leadership to make strategic plans and track key performance indicators. Based on the findings of this study, I recommend that leadership share these data with staff to develop an organizational culture and shared experience of the progress clients make over time and how the efforts of staff impact treatment outcomes. Sharing this data with staff may assist organizational leaders in sharing why they make decisions such as the elimination of seclusion. The Baldrige Excellence Framework indicates that sharing such data with stakeholders fosters communication and learning and promotes innovation (NIST, 2021)

To better engage the clients and assist staff in redefining or developing an organizational culture centered on therapeutic interventions, I am making the following recommendations:

- Leadership and management should review the existing data to obtain a baseline of client satisfaction and progress.

- Leadership and management should share the data with staff in a meaningful way that indicates client progress and program strengths and possible areas of improvement.

- Management should identify and employee or member of staff who can facilitate the residence council meetings and create a succession plan in the event the individual is not available or leave the organization.

- Leadership should convene a diverse group of staff involved in the direct care and day-to-day interactions with clients to review council notes and client data to develop a 3-year strategic plan to support the organization's mission and increasing the clients' perspectives and inclusion.

- Performance improvement department and leaders should track performance and implementation and use results to revise or create policies, procedures, and operations.

Workforce and Training

In staff surveys distributed by Organization Y, staff expressed low satisfaction with compensation and appreciation from management (i.e., senior management and those outside of the PRTF department). The Six Core Strategies© places emphasis on leadership involvement in the reduction of seclusion and restraint to promote organizational change (Huckshorn, 2004). The workforce is essential to the successful transition to and implementation of a no seclusion policy. Based on survey results, staff

do not feel supported by leadership. I recommend that leadership at the senior level interact with direct care staff on a personal level to learn how best to support staff and show appreciation for efforts that align with the mission and vision of the organization.

Employee surveys also indicated that staff did not feel adequately trained to work with the clients to avoid restraint. The research by Huckshorn (2004) supports workforce development as a tool for the implementation of successful efforts to eliminate seclusion and restraint use. Employees must understand the impact of seclusion and restraint on clients and themselves to promote an environment of recovery (Huckshorn, 2004). The organization must provide staff with training and understanding of interventions that are more conducive to reframing and correction of maladaptive behaviors that often lead to seclusion and restraint. The recommended action is for leadership to further training efforts to assist staff in managing difficult behaviors and providing psychoeducation on the impacts of such interventions for eliminating or reducing seclusion and restraint. Restrictive intervention must also be shared with staff to help identify areas of strength and areas for improvement (Huckshorn, 2004). Based on the data provided by the agency related to the workforce, I offer the following recommendations:

- Leadership must clearly communicate the shift in the organizational culture and change efforts to develop an outline for implementation.
- Leadership must ensure that training and education of staff is a priority and includes the following approaches: (a) experiences of staff and clients, (b) trauma-informed care, (c) psychological/neurobiological effects, (d) use of

least restrictive/de-escalation tools, (e) nonconfrontational approaches to setting expectations/limits, and (f) organizational values.

- Leadership should ensure that staff have access to trainers or mentors to provide refreshers or support outside of set training increments.

- Leadership must address staff empowerment issues and explore recognition and compensation for staff who are meeting organizational goals.

Recommended Implementation Plan

The organization should establish a protocol that uses existing data to inform decisions and create staff development plans. I recommend that this process be done in phases to help establish effective and well-organized implementation process. Additionally, the phases may allow the organization to break down the components and identify and account for the learning curve. The recommended phases are shown in Table 7.

Table 7

Recommended Implementation Phases

Phase	Description	Time frame
Phase 1	Select implementation team	Month 1
Phase 2	Review existing data	Months 2-3
Phase 3	Develop a strategic plan	Month 4
Phase 4	Identify staff trainings	Month 5
Phase 5	Develop protocol	Month 6
Phase 6	Implement	Month 7-9
Phase 7	Evaluate protocol	Months 9-12
Phase 8	Check and reevaluate fidelity	Yearly after year 1

In Phase 1, leaders should develop an interdisciplinary implementation team of staff members from departments engaged in direct care to an implementation team. The identified members should work together to develop a strategic plan for an agency wide protocol for the use of data and workforce development. The team should meet biweekly to provide updates and track progress. The team should only consist of internal stakeholders; however, it would cover all the disciplines included in providing direct care including, but not limited to, management, clinicians, nurses, direct care staff, and a data analyst.

In Phase 2, the team should review the existing data. Review of data will help identify trends and stakeholder interests. The identification of these data will assist the organization in establishing categories and areas of focus that are factors for organizational development and growth along with staff training needs. In Phase 3, the team will develop a strategic plan. The team will focus on the primary areas of concern that relate to efficient and effective care of residents. The strategic plan will clearly identify target areas, goals, and criteria for how goals will be measured. The strategic plan should also incorporate an assessment plan for evaluation of efficacy and fidelity.

In Phase 4, upon the completion of data review and strategic planning the team will identify the necessary trainings needed for staff development. The team should also identify how the training will be communicated to staff and who is responsible for facilitation. In Phase 5, the implementation team will develop a protocol that will ensure the ongoing evaluation of data and training to meet organization needs based on analysis. Protocol development should include the following steps:

- discuss what data will be reviewed and how often it will be updated

- determine who is responsible for maintaining databases and disseminating information to the team

- create a training program for staff that incorporates feedback and use of data

- identify what procedures require evaluation and updates

- document the procedures in clear sequential steps

- test the protocol developed by the implementation team

- review findings from test

- make necessary adjustments based on results and finalize plan for protocol

Once the protocol is finalized, Phase 6 of implementation will be initiated. The implementation team should work closely with staff to ensure support and clarity of the process is provided to staff. In Phase 7, the implementation team will evaluate the protocol. The evaluation will include a review of the data to determine if goals are being met. Staff feedback via surveys or staff chats will also be conducted to identify strengths and potential areas of improvement. Phase 8 will occur after the first year and then every year thereafter to assess fidelity and make changes as needed. Program fidelity will be measured by how closely the protocol was followed and changes will be made based on desired progress toward goal completion.

Leadership and Governance

Organization Y's senior management team consists of the CEO, COO/president, CFO, and various departmental VPs. These leaders are responsible for developing the strategic plan for the organization, organizational growth, and guiding the organizational

culture and mission, the ED of residential services shared. The leaders of the organization may benefit from establishing an interdisciplinary team of stakeholders including employees and clients to provide additional feedback to help guide decisions that influence of organizational change.

Future Research

Future researchers studying the practice problem should explore leadership strategies and the development of organizational culture to better understand the use of seclusion and restraint. The leaders of Organization Y and similar agencies may benefit from understanding the importance of leadership and how to approach organizational change and how leadership influences decision and implementation processes. The Six Core Strategies© is an effective tool for reducing the use of seclusion and restraint as a performance improvement model (Huckshorn, 2004). The Six Core Strategies© suggests that all six strategies together are effective in reducing the use of seclusion and restraint and leadership is integral to this implementation process. Researchers should focus on leadership strategies on the executive level and the development of strategic plans and communication of goals to the workforce that create an organization's culture.

In addition to studying the leadership strategies and development of organizational culture, future researchers should explore leadership development (vertical vs. horizontal) and its impact on workforce development and culture. BHLs may be able to use the recommendations for performance improvement, sustainability, organizational change, development of organizational culture, education, and growth.

Conclusion

The purpose of this qualitative study was to explore from an organizational leader's perspective sustainable best practices after Organization Y's adoption of statewide initiative to reduce and eliminate the use of restrictive intervention by transitioning to a no seclusion policy. The literature review identified a need to reduce or eliminate the use of seclusion and restraint in residential facilities to manage problem behaviors (see Bryson et al., 2017; Huckshorn, 2004; LeBel & Goldstein, 2005).; however, there was a gap in knowledge on what strategy was most effective. The goal of this study was to add to the understanding of how leaders can create sustainable best practices when the use of seclusion is eliminated. Semistructured interviews with two executive level leaders provided information about the organization's policies and processes. I also analyzed client and staff surveys, strategic planning, and programmatic and financial reports to identify the organization's strengths and areas for improvement. The recommendations and results from this study may contribute to the literature on seclusion and restraint reduction and elimination and support organizations whose leaders may be considering eliminating seclusion.

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