Readiness for Change: Assessing Employee Commitment to Peer Worker Integration in Drug Court Settings

A Dissertation

Submitted to

College of Public Affairs

University of Baltimore

in partial fulfillment of the requirements for the degree

of

Doctor of Public Administration with a Specialization in Administration of Justice

By

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Abstract

The purpose of this study was to assess Maryland Drug Court employees' readiness and perceived commitment to peer worker integration, as measured by the Readiness for Organizational Change Scale and the Commitment to Organizational Change Scale. A non-experimental quantitative cross-sectional correlational study was conducted with 110 employees of multidisciplinary teams within Maryland's Office of Problem-Solving Courts. Kurt Lewin's "unfreeze, change, refreeze" change model was utilized as the overarching conceptual framework. Results suggest that an employee's readiness for peer worker integration is a precursor to an employee's commitment to peer worker integration, and therefore predicts an employee's probability of behavior prior to, during, and after peer worker integration. Therefore, drug courts should consider establishing initial and ongoing training for staff that specifically focuses on the purpose of the peer worker within the multidisciplinary team while also ensuring there is a strategic communication plan on the role and function of the peer worker. Additionally, drug courts could establish a peer worker referral system in the early stages of the drug court participant's induction to increase interaction between the peer worker and multidisciplinary team members. Finally, drug courts should consider focusing on formally incorporating peer workers into the policies and procedures of drug courts and establish an evaluative process that includes peer workers in terms of drug court outcome measures.

Keywords: *readiness for change, commitment to organizational change, peer worker integration, drug courts, criminal justice, behavioral health, substance use*

Dedication

This dissertation is dedicated to the memory of my grandfather "Pop" and to all of those who passed away as a direct or indirect result of addiction. Pop was the staple of my family, and while he was a man of little words, he taught me to show up no matter what and the importance of a work ethic. As a little girl, I would go down in the basement to his office and "pretend" to work. I knew then that administration was my calling, but I never thought that I would get caught up in the grips of addiction. I was lucky enough to make it out; others were not so lucky. I fight for them every day and for those who are still struggling to find their recovery journey. I fight by showing up and focusing my efforts on the very infrastructures that are in place to help, shining a light on the gaps and inequities in service delivery with the hope that I can leave this world better than I found it—just like Pop did for me.

Acknowledgments

I would like to express my deepest appreciation to my committee members, beginning with my chairwoman, Dr. Heather Wyatt-Nichol, who has provided me invaluable guidance, light, and energy throughout this process, and for always showing up with a smile. I would also like to thank committee members Dr. Renita Seabrook and Dr. Chyrell Bellamy for cheering me on and consistently reminding me, through their mentorship, that I am capable and worthy of success. I am also tremendously grateful for the DPA program director, Dr. Aaron Wachhaus, who challenged me in my academics and consistently pushed me to hone my craft.

I must also highlight my extreme gratitude to my family, friends, colleagues, my recovery, and my higher power. To my husband, you have been my rock throughout this journey. From the late-night coffees to patiently waiting for small moments of free time together, you have pushed me to become a better me, reminding me that somedays all I need to do is write one paragraph, one sentence, one word at a time. To my children, who have watched me through my office door, for graciously practicing acceptance when I missed events, who have cried and laughed with me and for giving me tight hugs to alleviate my stress. To my mother, who probably knows my dissertation inside and out, sitting there night after night listening, editing, and providing feedback and support. To my friends, the true friends who never gave up on me or gave me grief for not showing up, encouraging me to keep pushing, no matter what. To my colleagues, who have endured my venting sessions and engaged in endless conversations regarding literature, methods, and data analyses. Finally, to my recovery and my higher power because I would not have any of the above without the north star of my recovery principles and my higher power's guidance on this amazing journey. Oh, what a roller coaster of emotions: I just put my hands up and enjoyed the ride!

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Chapter 1: Introduction

Background to the Problem

A press release issued in 2003 by the U.S. president's New Freedom Commission on Mental Health recommended "a focus on promoting recovery and building resilience" ("President's New Freedom Commission on Mental Health: July 22, 2003, Press Release," 2003). This recommendation paved the way for what is now known in the behavioral health field as *recovery support services*. As a result, the integration of the peer worker's role in the behavioral health field has expanded, leading to increased research on the impact of peer workers in behavioral health systems. For example, a recent study demonstrated that peer-based interventions have effectively engaged individuals with substance use disorders (Ashford et al., 2019).

As researchers continue to investigate the outcomes associated with recovery support services across various settings, behavioral health organizations face a number of challenges integrating peer workers into the workforce (Gange et al., 2018). These challenges become even more prevalent in criminal justice settings, such as drug court programs. The integration of peer workers in drug court programs is characterized by an individual with lived experience of recovery from substance use disorder, who may or may not have had justice involvement. Additionally, the peer worker may be an ancillary service connected to a treatment provider, contracted by a drug court program through a stand-alone recovery community organization, or hired as a staff member directly within the drug court setting.

Problem Statement

In Maryland, the setting of this research study, drug treatment courts were developed to reduce crimes associated with alcohol and/or drug use by providing participants with access to

treatment services and assisting them in maintaining their recovery. Maryland Drug Treatment Courts are nontraditional court dockets that are unique, providing specialized teams of collaborative partners working together to provide planning and support throughout the duration of a participant's time in the program. This duration can be a minimum of one year and continue with team advisement at the discretion of the drug court judge.

Multidisciplinary teams are composed of state attorneys, defense attorneys, probation officers, drug court coordinators, and treatment providers who assist participants in drug court compliance and adhering to treatment plans. However, there has been a recent shift in embedding peer recovery support services into this collaborative partnership, mostly due to the rise in opioid addiction and grants requiring recovery support services. Nevertheless, this recent shift has not made its way into all adult drug treatment programs, raising questions regarding the effectiveness of peer recovery support services in drug treatment courts and the overall impact this service has on drug treatment court outcomes. As the introduction of change in drug court occurs, intended outcomes will be affected by how those changes are managed, and, in some instances, the change may challenge the existing culture and identity of the organization and its practitioners (King et al., 2018).

Change is inevitable and necessary and, when properly managed, can lead to improved outcomes (King et al., 2018). Change management researchers have demonstrated the importance of establishing organizational readiness to prepare for change (Bazzoli et al., 2004; Holt et al., 2007; Lehman et al., 2012). Yet, planning and evaluation of organizational change is particularly challenging within the criminal justice system "because of the importance attached to routines, which provide the framework of skills and values required to perform the role" (King et al., 2018, p. 275). Given the complex nature of the criminal justice system in the United

States, the integration of peer recovery support services into drug court programs has proven to be a difficult change for Maryland Drug Court programs. Thus, assessing the readiness of the drug court system for peer recovery support services poses challenges due to a lack of uniform implementation of peer recovery support services across Maryland and other states.

An employee's reaction to organizational change is a key construct of organizational readiness and is known to encompass factors including beliefs and commitment (Armenakis et al., 2007; Herscovitch & Meyer, 2002; Holt et al., 2007; Straatmann et al., 2016). For example, beliefs are a basic element of change, and the assessment of beliefs provides a gauge for determining the buy-in regarding a change initiative (Herscovitch & Meyer, 2002). In addition, employee commitment in relation to behavioral support for a change initiative is the mindset that binds an individual to a course of action (Herscovitch & Meyer, 2002). In other words, if belief factors such as discrepancy, appropriateness, efficacy, principle support, and valence along with commitment factors such as affective, continuance, and normative commitment are not present, change is not likely to occur (Armenakis et al., 2007; Herscovitch & Meyer, 2002). Organizational change has received a lot of attention from researchers in relation to readiness and commitment, yet much of the literature is focused on commitment to change in the context of the organization rather than in the context of the individual (Meyer & Herscovitch, 2001; Meyer et al., 2002; Rawashdeh & Tamimi, 2020). More importantly, to date, no known studies have examined the relationship between drug court employees' readiness for and perceived commitment to organizational change in the context of peer worker integration.

Purpose Statement

The purpose of this study was to assess Maryland Drug Court employees' readiness and perceived commitment to peer worker integration as measured by the Readiness for

Organizational Change Scale (Holt et al., 2007) and the Commitment to Organizational Change Scale (Herscovitch & Meyer, 2002). In addition, the study sought to determine whether significant differences exist in title scores for readiness for change and commitment to targeted change.

Research Questions and Hypotheses

RQ1: What is the predictive relationship of drug court team members' readiness for change subscales (change-specific efficacy, appropriateness, management support, and personal valence) on commitment (affective, continuance, and normative) to targeted change subscales?

H1: At least one readiness for change subscale score will predict individual commitment to change subscales.

RQ2: To what degree are individual characteristics related to readiness and commitment to change subscale scores?

H1: Treatment service providers will have higher mean readiness and commitment to change subscale scores compared to all other discipline types.

H2: Higher peer worker interaction will be related to readiness and commitment to change subscales.

RQ3: What is the predictive influence of each commitment to organizational change profile on behavioral support?

H1: After accounting for the influence of continuance and normative subscale scores, affective commitment scores will predict higher levels of behavioral change support.

Significance Statement

The topic of employee readiness and commitment to change for peer worker integration is significant because the peer workforce is expanding across the nation and there is little to no

research on the integration of peer workers into nontraditional behavioral health settings such as drug courts. Organizational context is one of the most common barriers to recovery support services in terms of peer worker integration (Adams & Lincoln, 2019; Klee et al., 2019); thus, it is important to consider the context of the drug court setting when planning and implementing the role of the peer worker.

There are more than 3,000 drug courts in the United States (U.S. Department of Justice Office of Justice Programs, 2020). Of these, it is unclear how many have integrated peer workers. In fact, peer worker integration in terms of best practice standards within drug courts has yet to acknowledge peer workers as part of the multidisciplinary team approach (*Adult Drug Court Best Practice Standards: Volume II*, 2018). However, research has shown that there are benefits to peer worker integration including providing effective socialization support, assisting with long-term community reintegration, and improving the quality of life for those engaged in treatment (Blash et al., 2015; Klee et al., 2019). Additionally, peer workers benefit from employment. For instance, providing peer support services prompts peer worker empowerment associated with using their lived experience in a positive manner, provides an opportunity to contribute to society, and plays a central role in their personal recovery plan (Adams & Lincoln, 2019). However, implementing change in drug court settings can be challenging because of potential tensions between staff and peer workers, role ambiguity, and seeing the peer worker as an "add-on" rather than central to the organization's mission (Miyamoto & Sono, 2012; Blash et al., 2015).

Peer workers also face an added layer of complexity associated with stigma and discrimination, making change all the more challenging. For instance, peer workers experience discrimination in the workplace and have reported a lower level of acceptance among colleagues

along with microaggressions and verbal, nonverbal, and environmental contempt (Blash et al., 2015; Klee et al., 2019). According to a recent study by Nieweglowski et al. (2019) on the public stigma of substance use disorder, "discriminatory practices such as segregation, coercion, and avoidance can be damaging in the context of employment" (p. 156) and even more so when integrating peer workers into criminal justice settings, particularly if the peer worker has a history of justice involvement.

In order to realize the full benefits of integrating peer workers in drug court settings, individuals managing the change must be able to understand drug court employees' readiness for and commitment to change. Doing so will create systems of support for peer workers who are providing peer support services, assist in managing interpersonal conflict between team members, and assist in establishing clear policies and practices associated with peer worker job and role delineation (Blash et al., 2015; Klee et al., 2019). Furthermore, if peer integration fails, there are implications for the peer workers themselves.

Research indicates that peer workers are at risk in terms of moving away from the peer workforce based on unintended consequences associated with stigma and discrimination. A person with a substance use disorder, for instance, experiences harmful effects when stigma and discrimination are internalized, leading to self-discrimination (Nieweglowski et al., 2019). Without understanding drug court employees' readiness for and commitment to change, effective collaboration and positive drug court outcomes will be unsuccessful. More importantly, without this, the health and well-being of the peer worker could be jeopardized.

Conceptual Model

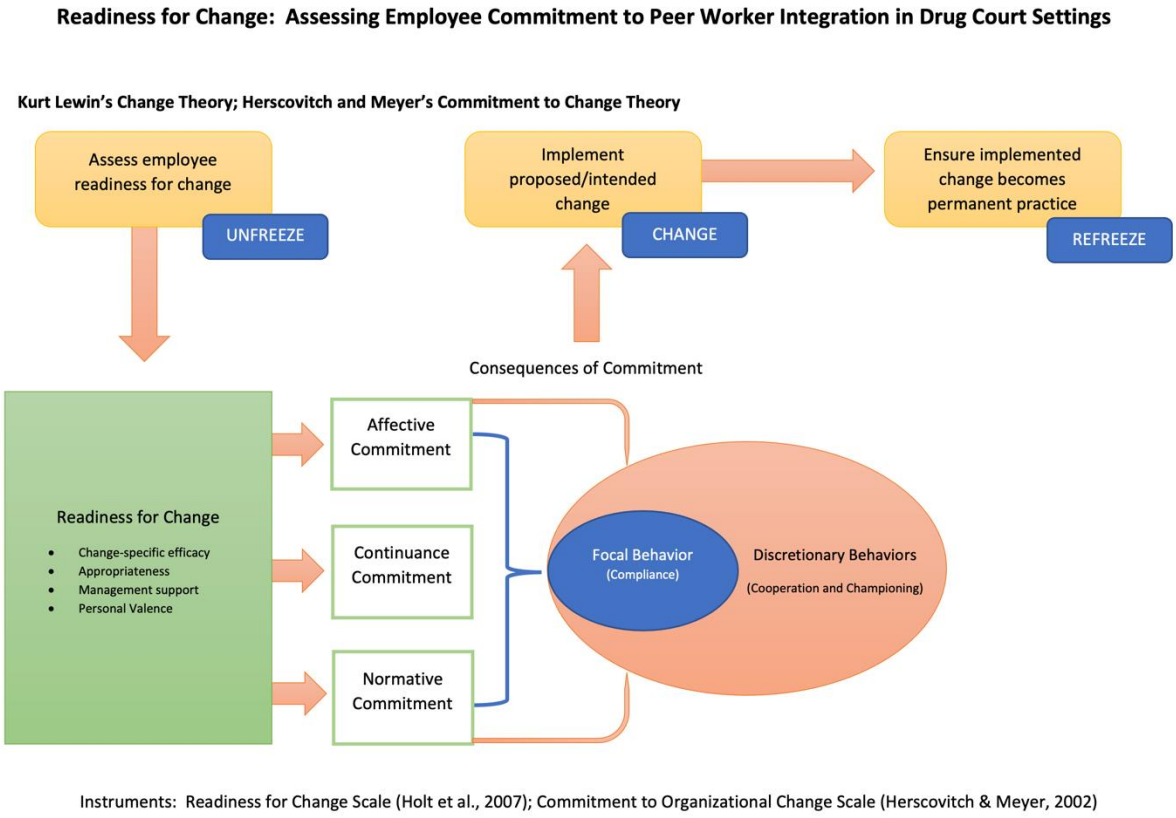
Assessing organizational readiness is critical for organizational change. For organizations to move from one stage to another in the change process, various factors need to be considered,

including the organization itself, teams or groups within the organization, and individual employees. Kurt Lewin's (1947) "unfreeze, change, refreeze" change model provides an overarching framework for understanding the stages of organizational change (p. 34). The focus of Lewin's "unfreezing" stage is to break open comfort and complacency, deliberately bringing a level of emotional stir-up to prepare for change by analyzing factors for and against a proposed change. Shifting then to the "moving or change" stage, the focus is not on a goal to be reached, but rather moving from the present level to the desired one, all the while being aware of the change in terms of a process moving towards a new way of being. Finally, the "freezing or refreezing" stage is an establishment of stability and permanence for a desired period once the new level of change has been made.

An employee's readiness for change is a precursor to an employee's commitment to change and is therefore valuable in determining the employee's probability of behavior prior to, during, and after the change process. Moreover, identified readiness factors, including change-specific efficacy (beliefs among employees that they are capable of implementing a proposed change), appropriateness (the proposed change is appropriate for the organization), management support (the leaders are committed to the proposed change), and personal valence (the proposed change is beneficial to organizational members), heed knowledge when assessing an employee's commitment to change (Holt et al., 2007, p. 232). Employees who report higher levels of change efficacy, for instance, are more confident, adaptable, and experienced in terms of change readiness, whereas employees who report low levels of management support are uncertain and resistant toward the change process (Lee et al., 2020). Understanding these factors is essential for interpreting an employee's perceived commitment to change.

Commitment to change can be assessed in three subsets: desire (affective), perceived cost (continuance), and obligation (normative; Herscovitch & Meyer, 2002). Together, these three components generate a greater understanding of commitment as it relates to behavior and can assist in influencing behavioral change within an organization. For example, an employee who feels obligated (normative) to change may exhibit a lower level of intention to perform a behavior than an employee who exhibits the desire (affective) to change. Assessing both the readiness and commitment an employee has for a targeted change provides insight into nondiscretionary (compliant) and discretionary (cooperative and championing) behavior that an organization may encounter when facilitating change—thus, introducing the need for interventions (training, support, communication, etc.) and allowing the proposed organizational change to move into what Lewin refers to as the "change" stage. Figure 1 displays the relationships between each of these components of the conceptual model.

Figure 1
Conceptual Model



Definitions of Key Terms

For the purpose of this study, definitions of terms are as follows:

3-Step Model of Change: The 3-step model of change, as defined by Kurt Lewin (1947), is a framework for organizational change that consists of three steps. Step one is to "unfreeze" or break open comfort and complacency, deliberately bringing a level of emotional stir-up to prepare for change by analyzing factors for and against a proposed change. Step two is to "move or change" from the present level to the desired one, while being aware of the change in terms of a process moving towards a new way of being. Step three is to "freeze or refreeze" by

establishing stability and permanence for a desired period once the new level of change has been made.

Affective Commitment: Affective commitment, a subset of commitment to change, is defined as a desire: a strong sense of support for the change (Meyer & Herscovitch, 2001, p. 316).

Appropriateness: Appropriateness, a construct within readiness for change, is defined as a proposed change being suitable for an organization (Holt et al., 2007, p. 232).

Championing: Championing is characterized by an individual demonstrating extreme enthusiasm for change by going above and beyond what is formally required to ensure the success of the change and promoting the change to others (Herscovitch & Meyer, 2002, p. 478).

Change-Specific Efficacy: Change-specific efficacy, a construct within readiness for change, is defined as an employee's capability of implementing a proposed change (Holt et al., 2007, p. 232).

Commitment to Change: Commitment to change is a binding force that is experienced as a mindset: a frame of mind or psychological state that compels an individual toward a course of action (Meyer & Herscovitch, 2001, p. 303).

Cooperation: Cooperation is characterized by an individual demonstrating support for change by exerting effort when it comes to the change, going along with the spirit of change, and being prepared to make modest sacrifices (Herscovitch & Meyer, 2002, p. 478).

Compliance: Compliance is characterized by an individual demonstrating minimum support for a change by going along with the change, but doing so reluctantly (Herscovitch & Meyer, 2002, p. 478).

Continuance Commitment: Continuance commitment, a subset of commitment to change, is defined as a cost: a change that offers no other alternative for not going along with the change (Meyer & Herscovitch, 2001, p. 316).

Discretionary Behavior: Discretionary behavior is a course of action that, although not specified within the terms of the commitment, can be included in these terms at the discretion of the individual (Herscovitch & Meyer, 2002, p. 475).

Drug Court: A drug court is a judiciary-led, coordinated system that demands accountability of staff and court participants and provides immediate, intensive, and comprehensive drug treatment, supervision, and support services using a cadre of incentives and sanctions to encourage participant compliance ("Fiscal Year 2019 Problem-Solving Courts Annual Report," 2019, p. 10).

Focal Behavior: Focal behavior is a course of action to which an individual is bound by his or her commitment (Herscovitch and Meyer, 2002, p. 475).

Management Support: Management support, a construct within readiness for change, is defined as a leader's commitment to a proposed change (Holt et al., 2007, p. 232).

Normative Commitment: Normative commitment, a subset of commitment to change, is defined as a sense of obligation: exhibiting appropriate conduct during the change (Meyer & Herscovitch, 2001, p. 316).

Peer Worker: A peer worker is a person who uses his or her lived experience of recovery from mental illness and/or substance use disorder, plus skills learned in formal training, to deliver services in behavioral health settings to promote mind-body recovery and resilience (Gagne et al., 2018, p. S259).

Personal Valence: Personal valence, a construct within readiness for change, is defined as a proposed change benefitting organizational members (Holt et al., 2007, p. 232).

Readiness for Change: Readiness for change is a multidimensional construct influenced by beliefs among employees (Holt et al., 2007, p. 232).

Recovery Support Services: Recovery support services are those services designed to help individuals move through recovery initiation to stable recovery maintenance by progressively increasing the person's recovery capital, such as financial, material, and instrumental resources (Davidson et al., 2010, pp. 392, 396).

Conclusion

Behavioral health organizations face a number of challenges related to peer worker integration. While these traditional organizational settings continue to navigate the peer worker workforce, nontraditional settings such as drug courts are met with higher levels of complexity. These multidisciplinary teams are charged with collaboration and unifying behavioral health and criminal justice systems through a cross-sectional lens. More importantly, the integration of peer workers is often met with both intentional and unintentional resistance due to various elements, including role ambiguity, staff conflict, and unclear policies and practices. The introduction of peer workers into settings such as drug courts is considered a targeted change that can either hinder or enhance programmatic outcomes. Moreover, change fuels a level of disruption in terms of the status quo, leading to unintended consequences such as stigma and discrimination. Therefore, understanding the role of the peer worker in the context of nontraditional settings is the first step toward change relative to successful outcomes.

Chapter 2: Literature Review

The purpose of this study was to assess Maryland Drug Court employees' readiness and perceived commitment to peer worker integration, as measured by the Readiness for Organizational Change Scale (Holt et al., 2007) and the Commitment to Organizational Change Scale (Herscovitch & Meyer, 2002). In addition, it sought to determine whether significant differences exist in title scores for readiness for change and commitment to targeted change. This chapter includes a description of the literature relevant to the integration of peer workers into drug court programs. Literature relevant to organizational change, readiness for change, and organizational dynamics in the context of employee readiness for change is also discussed and analyzed.

This literature review begins with a brief overview of recovery support services with a specific focus on the evolution of the peer worker role and integration into drug court programs. In addition, this chapter will present a theoretical framework in terms of change theory with a review of the existing literature on Lewin's 3-step model of change. Finally, contextual information regarding change readiness, commitment to change, and behavioral support will be presented as critical factors influencing organizational change in drug court settings.

Recovery Support Services

Recovery support services is a new concept with respect to its historical roots. For centuries, individuals presenting with symptoms of substance use disorders have utilized recovery support services. Although its organic nature derived from mutual aid or self-help groups, recovery support services evolved into one service with recognized value for those seeking support before, during, after, and in lieu of substance use disorder treatment (White, 2010). Nonetheless, recovery support services have gained traction in behavioral health settings,

leading to a conceptual and operational definition that sets this service apart from other services offered by treatment providers (Davidson et al., 2010).

The primary aim and function of recovery support services is "to help each individual move through recovery initiation to stable recovery maintenance by progressively increasing the person's recovery capital" such as financial, material, and instrumental resources (Davidson et al., 2010, pp. 392, 396). The peer worker is a critical component of recovery support services; yet, as this service industry continues to expand, peer workers are utilized in a variety of settings outside the scope of behavioral health (Gange et al., 2018). These nontraditional settings vary and often face challenges as they attempt to integrate the peer worker. Challenges are even more relevant in organizational settings that operate under missions that may not completely align in relation to health and wellness as a priority outcome. A central system that is reflective of these challenges is the criminal justice system and, more specifically, drug court programs. To understand both the peer worker and the drug court setting, an examination of each in terms of historical context will be reviewed.

Peer Workers

While the underlying concepts of both mental health and substance use disorder peer workers are similar, they have long been separated in mental health and addiction services. The mental health peer dates back to 1845 when the earliest known peer support organization, Alleged Lunatic Friends Society, began in England (Myrick & del Vecchio, 2016). The peer support model continued to evolve in mental health services, and by 1978, Judi Chamberlin, a peer advocate and author of *On Our Own*, transformed the peer model to a model driven by self-direction and empowerment, leading to the foundation of what is now known as the recovery-oriented system of care (Myrick & del Vecchio, 2016).

The recovery-oriented system of care, which houses recovery support services, transformed the behavioral health field, opening the doors for individuals with lived experience in mental health recovery to provide support to individuals accessing behavioral health services and for those in need of support in lieu of services (Myrick & del Vecchio, 2016). Nonetheless, individuals living in substance use recovery were still decades behind in adopting the recovery-oriented system of care (Myrick & del Vecchio, 2016). It was not until the early 2000s that substance use service providers acknowledged the peer worker as a support service under the recovery-oriented system of care model; peer workers are often referred to as recovery coaches in the field (Gange et al., 2018).

The integration and expansion of mental health and substance use peer workers prompted a need to clearly define recovery with respect to recovery support services. In 2011, the Substance Abuse and Mental Health Services Administration (SAMHSA), along with behavioral health community partners, developed the working definition of recovery (Myrick & del Vecchio, 2016) as "a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential" (Core Competencies for Peer Workers in Behavioral Health Services, 2015, p. 2). Additionally, serving in mental health and addiction services, the peer worker operates under numerous job titles, provides various services and support, and works in a multitude of settings. Acknowledging the complexities associated with peer worker implementation, SAMHSA in 2015 led efforts to identify critical knowledge, skills, and abilities of the peer worker (Gange et al., 2018). As a result, peer worker core competencies were introduced and are now used as a standard reference point in the peer worker profession. The core competencies are:

- Recovery-oriented: Peer workers hold out hope to those they serve, partnering with them to envision and achieve a meaningful and purposeful life. Peer workers help those they serve identify and build on strengths and empower them to choose for themselves, recognizing that there are multiple pathways to recovery.
- Person-centered: Peer recovery support services are always directed by the person participating in services. Peer recovery support is personalized to align with the specific hopes, goals, and preferences of the individual served and to respond to specific needs the individual has identified to the peer worker.
- Voluntary: Peer workers are partners or consultants to those they serve. They do not dictate the types of services provided or the elements of recovery plans that will guide their work with peers. Participation in peer recovery support services is always contingent on peer choice.
- Relationship-focused: The relationship between the peer worker and the peer is the foundation on which peer recovery support services and support are provided. The relationship between the peer worker and peer is respectful, trusting, empathetic, collaborative, and mutual.
- Trauma-informed: Peer recovery support utilizes a strengths-based framework that emphasizes physical, psychological, and emotional safety and creates opportunities for survivors to rebuild a sense of control and empowerment. (Core Competencies for Peer Workers in Behavioral Health Services, 2015, p. 3)

However, behavioral health providers continue to struggle to understand the diverse peer workforce and the increasing peer roles in the recovery-oriented system of care model. More importantly, peer workers are utilized as a cross-sectional service in nonbehavioral health

settings, adding to the complexities of peer worker integration. This cross-sectional approach of peer worker implementation, for instance, has become a significant component of recovery support in the drug court setting.

Drug Court Programs

Drug court programs were established in the judicial system in an attempt to assist individuals in obtaining treatment services and maintaining recovery from alcohol and/or drug use, reduce recidivism, and promote public safety (Office of National Drug Control Policy, 2011). According to the National Council on Alcoholism and Drug Dependence, "80% of offenders abuse drugs or alcohol . . . and 60-80% of drug abusers commit a new crime (typically a drug-driven crime) after release from prison" (Behavioral Health Epidemiology Workgroup, 2015, p. 1). Drug courts are rooted in laws and legal processes that focus on a sociopsychological approach, which is a concept known as therapeutic jurisprudence (Hora et al., 1999). This concept contradicts the traditional norms of the judicial system by "incorporating knowledge from other relevant disciplines" including that of substance use disorder treatment and recovery (Stinchcomb, 2010, p. 156).

For more than 30 years, drug courts across the nation have been modeled after the integration of criminal justice and rehabilitative treatment (Stinchcomb, 2010). As drug courts evolved, so have the roles of the peer worker in drug court settings. Serving communities for decades, drug courts have established standards, typically followed on a national scale. The first of these standards was established by Dade County's Felony Drug Court in Miami, Florida, in 1989 (Lurigio, 2008). Drawing on the therapeutic concept, its operational design consists of a court "led by a judge and a team that includes defense and prosecution attorneys as well as other court personnel and treatment providers . . . in a shared decision-making protocol" (Lurigio,

2008, p. 15). This protocol is the essence of a cross-sectional approach between criminal justice and rehabilitative treatment. Nonetheless, this operational design is now undergoing the introduction of the peer worker, a unique and unfamiliar phenomenon for both the criminal justice system and treatment service providers in behavioral health.

As drug courts continue to expand, so do their infrastructures. In Maryland, for example, the Administrative Office of the Court's Problem-Solving Courts provides oversight and "is responsible for setting and enforcing programmatic guidelines" statewide ("Fiscal Year 2019 Problem-Solving Courts Annual Report," 2019, p. 3). Maryland Drug Treatment Programs are housed in circuit and district courts in each jurisdiction. The drug court team includes an appointed judge, state's attorney, public defender, drug court coordinator, and probation officer, all of whom work collaboratively with a treatment service provider such as a health department or community service organization to coordinate treatment efforts for participants entering the drug court program. Prospective participants move through a legal and clinical screening and treatment assessment process that includes a review of criminal history and substance use history to determine amenability (Maryland's Guidelines for Planning and Implementing Drug Treatment Court Programs, n.d., p. 11). If the participant is amenable to drug court, the participant then signs a voluntary consent form and is inducted into the program. Criteria for amenability can vary from jurisdiction to jurisdiction and is based on the court setting (circuit vs. district) and severity of offense, American Society of Addiction Medicine clinical levels of care, demographics, and likelihood of success, along with drug court and treatment capacity.

Drug court programs consider three factors in their operational purview: defendant characteristics, community resources, and policies (Maryland's Guidelines for Planning and Implementing Drug Treatment Court Programs, n.d., p. 9). While there are differences in

Maryland Drug Court structures from jurisdiction to jurisdiction, administrative oversight of the Office of Problem-Solving Courts "uses Maryland Rule 16-205 to promote consistency within the state" ("Fiscal Year 2019 Problem-Solving Courts Annual Report," 2019, p. 2).

Peer Worker Integration into Drug Court Programs

The role of the peer worker has expanded beyond traditional treatment and community-based settings, and peer workers are now filling roles in specialized settings that complement their lived experience. For example, peer coaching can be provided to older adults living with behavioral and comorbid conditions (Gange et al., 2018). As the behavioral health system continues to highlight the value of the peer worker in behavioral health settings, the criminal justice system recently began to acknowledge the value of lived experience of those with prior criminal justice involvement.

Peer workers with lived criminal history, often referred to as forensic peer specialists in the mental health arena, provide support to individuals navigating various aspects of the criminal justice system along the sequential intercept model (Peer Support Roles in Criminal Justice Settings, 2017). This model is often used to assist communities in developing a comprehensive approach as individuals flow through the criminal justice system by identifying resources, gaps in service, and strategically planning for community change (Peer Support Roles in Criminal Justice Settings, 2017). The model's intercepts 0–5 include community services, law enforcement, initial detention/initial court hearings, jails/courts, reentry, and community corrections (Peer Support Roles in Criminal Justice Settings, 2017). As peer worker integration expands, the criminal justice system has found it advantageous to incorporate peer workers across all intercepts in the sequential intercept model, including that of intercept 3, drug courts.

Drug courts utilize peer workers for a variety of reasons. For instance, peer workers with lived experience in the criminal justice system are capable of interfacing with the criminal justice and behavioral health systems, assisting with the navigation of services within a broader system of care (Barrenger et al., 2019). Additionally, peer workers with prior criminal involvement provide a higher level of engagement and trust than other staff members because of the common experience between the peer worker and the participant (Barrenger et al., 2019). However, the criminal justice system has yet to fully integrate peer workers. More importantly, peer workers with lived experience of both substance use disorder and prior criminal involvement are often considered a support service in treatment rather than having a distinct role in the drug court setting. Nevertheless, peer workers with a history of criminal involvement play a critical role in assisting individuals in the recovery journey by advocating for less restrictive interventions, navigating difficult moments, and instilling hope in participants as they move through the drug court program (Barrenger et al., 2019).

Conclusion

Recovery support services are commonplace, and while the mental health peer worker is the prelude to peer worker integration, substance use peer worker integration has faced extraordinary challenges. With the recent shift of peer worker integration into nontraditional settings, substance use peers have become more prevalent in the workforce. While peer workers bring diversity to the behavioral health arena, complexities associated with community-based peer worker integration still exist, including job title, role, and function. More importantly, as organizations such as drug courts enter into a multidisciplinary approach in terms of integrating criminal justice and rehabilitative services, missions of each organization become blended when seeking successful outcomes. This notion contradicts traditional norms associated with peer

worker integration, which necessitates that peer workers move beyond treatment and community roles and into specialized roles. Nonetheless, the peer worker phenomenon has propelled both the field of behavioral health and criminal justice into a change process that heeds a need for adaptation and modification of the current multidisciplinary status quo.

Change Theory

Organizations are complex systems that can be resistant when met with change. Resistance, for instance, can be driven or imposed by various factors, including the external environment (legislation, regulations, funding, budget cuts, etc.) forcing certain behavior that can cause unexpected and unpredictable results (Zekai et al., 2017). More importantly, leadership can play a key role in "motivating change, creating a vision, developing political support, managing the transition and sustaining momentum" (Hussain et al., 2018, p. 125). Nonetheless, organizational change is a nonlinear process and requires employees to modify and adapt current behavior to make room for change (Cummings & Worley, 2009). To make room for change, employees must first admit to themselves and others that something is wrong or imperfect about the organization (Schein, 1999). Often, within an organizational setting, admitting that something is wrong or imperfect requires action that might upset the equilibrium of the organization and the individuals who maintain the status quo (Burnes, 2020). Kurt Lewin (1939), a pioneer in social change and organizational development, suggests that, for change to occur, there must be full recognition that properties of social groups, such as an organization's stability and goals, are different from the stability and goals of the individuals within it. In other words, groups, subgroups, and individual members have properties all their own, and those properties have to be investigated in terms of a dynamic whole. This investigative process relies on Lewin's (1947) fundamental 3-step (unfreeze, move, refreeze) change model.

Lewin's (1947) 3-step change model is derived from his force field analysis work in terms of group dynamics. Lewin puts forward the idea that forces can be for or against change and that, if the forces for change outweigh the forces against change, change will occur. While Lewin "maintained that it is fruitless to concentrate on changing the behavior of individuals because the individual in isolation is constrained by group pressures to conform" (Burnes, 2004, p. 312), Lewin (1947) also suggests that any kind of group or individual action is regulated by circular causal processes of individual perception or "fact-finding" (p. 13). Therefore, fact-finding requires unpacking the concept of unfreezing as a means of understanding the individual perceptions that generate conformity in terms of group norms (Schein, 1999).

Individual Change Impacts Organizational Change

Lewin's force field analysis, which predates his "unfreeze" stage in change theory, first characterizes the whole system and then isolates and analyzes smaller units within the system (Héroux et al., 2020). For instance, how individuals perceive their immediate environment based on the interactions between the person and the environment, governs their behavior (Héroux et al., 2020). Lewin also suggests that a person responds to change based on their direct perception, interpretation, and understanding of the world around them rather than the objective features of the proposed change (Héroux et al., 2020). To understand the world or, in this case, an organization, Lewin proposes defining the "field" or what is known as the "life space" as an objective, nonpsychological environment or setting (Héroux et al., 2020). The "life space" or organizational setting acts as a boundary zone at which point psychological and nonpsychological factors intersect (Héroux et al., 2020). Importantly, the behavior within an organizational setting can be understood and changed by assessing the psychological relationship between a person and his or her environment or setting (Héroux et al., 2020). To assess and

overcome individual resistance to change, Lewin believed that to unfreeze or to destabilize human behavior "it was essential to first increase individual awareness of current behavior" and build in the need for change (Héroux et al., 2020, p. 5).

Early Identification: The Significance of Unfreeze

Lewin's seminal work in psychology has become the foundation of change research in the organizational development and change management disciplines. Known for his field theory, action research, and group dynamics, Lewin used these theoretical concepts in his development of the 3-step model of change as a means to resolve social conflict. Lewin's focus on resolving conflict during the change process is pertinent because organizations consist of three layers: the organization as a whole, groups within the organization, and, at its very core, individuals. While organizations undergo change, often the "unfreeze" portion of the 3-step model is overlooked. However, there is a significant advantage to prioritizing the unfreeze portion of the 3-step model of change as a precursor to the change process.

Resistance to change can create barriers or challenges to the change process within organizations. Further, resistance can be difficult to trace if the focus of change begins at the organizational level, omitting the participatory process of those most closely affected. Numerous researchers have demonstrated the importance of addressing resistance to change prior to the implementation of change, otherwise known as the "unfreeze" stage according to Lewin's change theory (Agboola & Salawu, 2011; Bing-You et al., 2014; Edwards et al., 2020; Ochuko & Ayo-Balogun, 2020; Seyfried & Ansmann, 2018). Moreover, research demonstrates the applicability of Lewin's model and the importance of employee involvement in the "unfreeze" stage across a range of organizational settings.

The following studies highlight the critical role of this stage of Lewin's model in hospitals, banks, and universities, to name a few. Two separate studies of organizational change in hospital settings, one in Denmark (Edwards et al., 2020) and another in the United States (Bing-You et al., 2014), show the benefits of involving employees in the change planning process (i.e., the "unfreeze phase"). Edwards et al. (2020) conducted a case study of 150 employees in a Denmark cardiology department to study how change can be orchestrated to succeed. Overall, the authors found that change was successful when employees became engaged in the change process through workshop participation in which the employees themselves are tasked with diagnosing, analyzing, and developing solutions in the context of change (Edwards et al., 2020, pp. 357–358). Similarly, Bing-You et al. (2014) conducted a mixed-methods study of five rural hospitals in Maine participating in a longitudinal integrated clerkship (LIC). The authors aimed to investigate the perspective of rural physicians on the introduction of a rurally based nine-month LIC, specifically focusing on the unfreeze portion of Lewin's 3-step model of change. The authors identified four major themes linked to unfreezing: melting old ways, overcoming fears, synergy of energy, and all-around benefits of the change.

Similar findings were reported in higher education and banking institutions. Two separate studies conducted in the higher education and banking industries further highlight the need to "unfreeze" prior to implementing change, as well as to consider how the change influences employee performance. Seyfried and Ansmann (2018) conducted a mixed-methods study with 294 quality managers surveyed and semistructured interviews made up of quality managers, vice presidents for teaching and learning, and deans of study at 23 universities and polytechnics in Public Germany Higher Education Institutions. The authors aimed to examine factors that were crucial for the introduction of Quality Management at higher education institutions in Germany.

The authors discovered that unfreezing is a precondition for implementing change and the creation of awareness is a critical factor, particularly those associated with voluntary and obligatory approaches. Additionally, Ochuko and Ayo-Balogun (2020) conducted a quantitative study of 100 administrative staff at three branches of Union Bank Plc. in Lagos, Nigeria. The authors aimed to investigate the impact of organizational changes on employees' performance. Overall, they found that organizational change impacted employees' performance in terms of acceptance and that employees' commitment and competency was of decisive importance for change ease and overarching quality.

These studies demonstrate the significance of early identification as a vital component in the organizational change process and, more importantly, for successful and sustainable change (Edwards et al., 2020; Bing-You et al., 2014; Ochuko & Ayo-Balogun, 2020; Seyfried & Ansmann, 2018). While operationalizing early identification may be distinct within organizations based on varying needs, complexities, and the change itself, there are commonalities such as engagement, participation, and involvement that increase the likelihood of positive outcomes. By identifying the individual level of resistance in comparison to the individual level of acceptance, key elements begin to surface in terms of the best approach for intervention techniques as a method of generating a smoother change transition.

Employees who participate in early identification of challenges associated with change are more interested in changing the current situation because they begin to value the need for change. In addition, placing value on the need for change induces an escalation in commitment by employees because of their participation in the change process, "leading to increased commitment to the solutions" (Edwards et al., 2020, p. 359). Focusing on the "unfreeze" stage of individuals in an organizational setting dismantles the existing mindset, tying into the theoretical

review in terms of driving and restraining forces. In the context of drug courts, structural changes, including administrative events and management schemes such as workforce implementation, can disrupt the equilibrium of the organization, knocking employees off balance and thereby affecting their performance, including their commitment to change in terms of peer workforce integration.

Driving and Resisting Forces

To make sense of planned or unplanned change, organizations and their leaders must be aware of both driving and resisting forces associated with the change process. Driving and resisting forces are natural in terms of human behavior and can stealthily surface through the employees themselves. Driving and resisting forces include employee attitudes, commitment, and motivation. For example, driving forces may include valuing the proposed change, acknowledging the need for change, and demonstrating a positive attitude through participation during the change process. Resisting forces may be exhibited through negative or deviant behavior such as slower productivity levels, absenteeism, or workplace gossip. These forces and their role in the change process are highlighted in studies across a range of settings and disciplines, described in the following paragraphs.

Mukhtar and Fook's (2020) descriptive correlational study of 360 teachers from five secondary schools in Selangor, Malaysia, investigated the relationship between perceived leadership styles and emotional intelligence on attitudes toward organizational change within the education system. The authors found that understanding staff attitudes is the initial step in understanding human behavior because behavior is easier to influence when attitudes can be managed. Manchester et al.'s (2014) two case studies of Geriatric Education Centers in Maine and Virginia explored the relationship between clinical practices and their systems through the

lens of Lewin's 3-step change model. The authors found that engaging stakeholders early and identifying champions or driving forces prior to change implementation increased the likelihood of evidence-based practice uptake and sustainability, whereas resisters may be unsure of the value of new practices and need to see demonstrations over time as a way to adjust and become more comfortable with change. Additionally, Mohammad and Mozhgan (2013) conducted a two-phase mixed-methods study to explore whether the change in the public accounting system of the Iranian health sector followed Lewin's change theory. The authors found that the unfreezing stage did not occur because focus was placed on the superstructure (organizational structure, manpower, and work process) of the organization rather than the hidden infrastructure (understanding, commitment, motivation, insight, and belief in the implementation). The authors concluded that issues associated with the organization's hidden infrastructure needed to be identified for change to be successful.

These studies highlight the human element of change in an organizational environment (Manchester et al., 2014; Mohammad & Mozhgan, 2013; Mukhtar & Fook, 2020). Attitude and behavior play a key role both from an individual lens and within the group dynamic. More importantly, the human element can fuel reactions, both negative and positive, when met with change. For instance, feelings towards change can be displayed with pleasantries, happiness, and excitement thereby demonstrating a driving force in the change process, whereas negative feelings may emerge, including frustration, anxiety, or fear, which is directly connected to resisting forces in the change process (Mukhtar & Fook, 2020).

Identifying driving and resisting forces is the first step toward change, but more importantly toward sustainable change. Disruption of any kind can throw an organization's equilibrium off balance, leading to intentional and unintentional resistance. Manchester et al.

(2014) pointed out that, in order to successfully unfreeze the current status quo, buy-in is a necessary factor, and to facilitate that buy-in, employees who present as champions must be identified and utilized as a driving and strengthening force. In support of these driving forces, Mohammad and Mozhgan (2013) have shown that the unfreezing process is not a top-down approach but rather a bottom-up approach, should an organization seek sustainable change. By focusing change efforts at the organizational level instead of the individual level, organizations miss the opportunity to identify driving and resisting forces associated with the likelihood of sustainability, thereby reducing the ability to produce successful outcomes.

Early planning, stakeholder buy-in, and commitment increase the likelihood of sustainable outcomes (refreezing) in terms of change. However, early identification of driving and resisting forces is a prerequisite for understanding staff attitudes and behaviors. In addition, the "discovery" process associated with understanding staff attitudes and behaviors begins with an assessment of their readiness for and commitment to change. By assessing staff readiness and commitment, the organization can determine the driving and restraining forces associated with the change and what type of intervention needs to take place to shift levels of commitment to the most positive level, affective commitment. Lewin's 3-step model of change is a classic framework that can be utilized in both new and pre-existing programs to assess resistance to proposed change, providing sequential steps for operationalizing and testing in a variety of organizational settings.

Conclusion

The introduction of change in any organization can be challenging. Change is found to be nonlinear, requiring organizations and their employees to adapt and modify their behaviors. The change process is often built around the organization itself. Kurt Lewin's seminal work in social

change offers insight into change through a 3-step model of unfreezing, changing, and refreezing. Lewin refers to the unfreezing stage of change in organizational development as a necessary step to not only create change, but also sustain change. It is through this lens that organizations can investigate individual perceptions of the current or proposed change and the psychological relationships that operate as the driving or resisting forces of both successful and unsuccessful outcomes. Additionally, Lewin's theoretical concepts provide a framework in terms of resolution when organizations are met with change. Critical factors associated with early identification, such as awareness, acceptance, and engagement, are pivotal for successful change. For instance, a considerable amount of research has focused on change with respect to the unfreezing stage and has offered valuable evidence in terms of individual perception in the targeted change process. More importantly, review of the current literature on change suggests that change can be disruptive, throwing employees in an organization off balance. To mitigate this disruption is to understand the human behavior that fuels resistors and champions of change. Drawing on the work of Lewin, researchers have established a link between readiness for and commitment to the change process. These factors are quintessential in terms of unfreezing the comfort and complacency of employees experiencing change while facilitating actions toward sustainable and successful outcomes.

Readiness and Commitment to Change

Readiness for Change

Readiness is an intricate characteristic of the change process for individuals. Providing insight into the complexities associated with change, readiness at an individual level becomes a precursor in terms of an employee's perception of the change process and, more importantly, the

employee's commitment to change (Armenakis et al., 2007; Holt et al., 2010; Soumyaja et al., 2015).

Readiness as a psychological construct can present in various forms. Armenakis et al. (1993) suggested that readiness constructs include assessing the "beliefs, attitudes, and intentions" toward change (p. 681). However, Rafferty et al. (2013) pointed out that intentions are not appropriate in terms of readiness because the component implies motivational factors that influence behavior and are used as an indicator of how much effort a person is willing to put into the change. It is the combination of assessing readiness and commitment that determines the probability of a behavior toward a change target and whether or not that behavior will be a driving or resisting force for change. Holt et al. (2007), for example, suggests that readiness for change is capable of being assessed not only before the changes are implemented but also throughout the duration of the change. Keeping with this ideology, Holt et al. (2007) asserted that a state of readiness must be created in terms of purposeful changes, which include the introduction of change along with parsing out the differences and conflicts between the organization itself and its members.

Building on the work of Armenakis et al. (1993), Holt et al. (2007) focused on collective readiness in terms of an individual's cognitive and emotional inclination to "accept, embrace, and adopt a particular [change] to purposefully alter the status quo" (p. 235). Other researchers agree that initial readiness is a key component in terms of support for change and that identifying readiness provides insight and recognition that problems need to be addressed for change to be both successful and sustainable (Fatima et al., 2020; Holt et al., 2010; Weiner, 2009).

Individual Readiness for Change Factors

Scholars support the need to assess readiness in various contexts such as organizational readiness as it relates to environmental change, individual readiness associated with a new or redefined scope of work, or a shift in programmatic activities (Armenakis et al., 1993; Soumyaja et al., 2015). Regardless of the change taking place, readiness factors when assessed reveal relevant gaps in beliefs, commitment, and the probability of behavioral consequences, which can reduce the likelihood of unsuccessful outcomes in terms of the change process. Readiness for change, according to Holt et al. (2007), is a "multidimensional construct influenced by beliefs among employees that they are capable of implementing a proposed change (change-specific efficacy), the proposed change is appropriate for the organization (appropriateness), the leaders are committed to the proposed change (management support), and the proposed change is beneficial to organizational members (personal valence)" (p. 232). By identifying these individual readiness factors and their correlation with commitment to change, organizations are at a greater advantage in terms of inducing both the willingness to change and supportive behavior towards change through intervening methods. Moreover, that research demonstrates the relevance of identifying readiness for change factors and its importance as it relates to commitment to change across a range of organizational settings.

Three separate organizational studies show the benefits of identifying employee readiness during the change process, while also highlighting the interconnectedness of employees' commitment to change. Fatima et al. (2020) conducted a quantitative study of 583 officer-ranked employees in financial institutions, media, and telecom sectors in the Federal Capital Territory Islamabad and Punjab province of Pakistan. The authors aimed to examine the direct impact of employees' change-related self-efficacy on their commitment to the change process using

employees' readiness for change as a proposed mediator between change-related efficacy and commitment to change. Overall, they found that employees' change-related efficacy directly influenced their commitment to change. Seggewiss et al. (2019) conducted a similar study of readiness and commitment. In this quantitative study, the authors surveyed 216 manufacturing workers in a German mechanical engineering plant. The purpose of the study was to examine whether employees who are more committed to their top managers, supervisors, and workgroups have greater change readiness than those with lower commitment. Overall, the findings showed higher change readiness among employees with greater commitment and, as predicted, the commitment was more strongly related to change readiness when change advocacy was present.

Lee et al. (2020) also studied readiness and commitment in a workforce setting. Conducting a mixed-methods study, Lee et al. surveyed 78 community health outreach workers (CHWs), 58 employers, and 106 patients while also conducting semistructured interviews with 39 CHWs, 34 employers, and 13 patients in the Promotores Academy in the Inland Empire region of Southern California. The authors aimed to assess CHWs', employers', and patients' perceptions and readiness for CHW integration into clinical settings. The authors found varying levels of readiness between groups, offset by conditional implementation concerns, such as need for clearer training, role delineation, expectations, and trust. Additionally, CHWs and employers shared concerns regarding appropriateness of CHW integration into clinical teams. Each of these studies highlights the significance of assessing employee readiness and what factors influence commitment in the change process.

By understanding readiness factors such as change-specific efficacy, appropriateness, management support, and personal valence, leadership is positioned to proactively intervene using readiness factors as a guide to mediate both commitment and behavioral consequences.

More importantly, by identifying readiness as a precursor for commitment to change, employers are given the tools necessary to cultivate the change process more effectively. For instance, Fatima et al. (2020) put forward that change may leave employees "overwhelmed unless they are ready for it" (p. 335), suggesting that self-efficacy may be a driving force for employees to lead the change process, whereas minimal self-efficacy in terms of employee readiness may lead to resistance.

Evidence indicates that employees who are overwhelmed about a change may form negative perceptions within the change process, which can lead to resistant or ambiguous behavior (Lee et al., 2020; Machin et al., 2009; Seggewis et al., 2019). CHWs, for example, are a very similar workforce to peer workers. Lee et al. (2020) called attention to the need for employer training in organizational readiness to prepare the existing clinical workforce for collaboration with the nontraditional workforce (i.e., CHWs) in terms of integrating CHWs into clinical settings. However, organizations must first undergo an assessment of the current state of mind, which begins with measuring employees' perception in terms of appropriateness, management support for change, and efficacy, along with commitment for change to determine what appropriate interventions must take place to move out of the status quo and into the change process. Similarly, Seggewiss et al. (2019) targets individual readiness and commitment rather than organizational readiness for change because "the linkage between organizational commitment and change readiness only reflects part of the story; employees' commitment extends beyond commitment to the organization" (p. 125), and instead readiness is used as a means of identifying champions for change within the change process. Therefore, readiness factors are a critical component in "unfreezing" the status quo, building commitment, and providing a level of prescience related to behavioral consequences in the change process.

Commitment to Change

Whether change has already occurred or is in its proposition stage, its effects can have lasting implications at the organizational, group, and individual levels. Researchers who have studied organizational change have utilized many constructs in terms of organizational readiness, including the construct of commitment; vast amounts of literature suggest that commitment is a contributing factor in the change process (see, for example, Bouckenooghe et al., 2015; Meyer & Herscovitch, 2001). Yet much of the literature is focused on commitment to change in the context of the organization rather than in the context of the individual (Meyer & Herscovitch, 2001; Meyer et al., 2002; Rawashdeh & Tamimi, 2020). It is only recently that commitment as a construct has moved beyond the organization itself and into employee commitment to change in terms of a target or action (Meyer & Herscovitch, 2001). More importantly, commitment to change has been established as a distinct construct from other constructs such as motives and attitudes (Meyer & Herscovitch, 2001).

Building on previous literature, including Angel and Perry (1981), O'Reilly and Chatman (1986), Penley and Gould (1988), Meyer and Allen (1991), Mayer and Schoorman (1992), and Jaros et al. (1993), Meyer and Hersovitch (2001) identified the "core essence" of commitment as its own multidimensional construct. Establishing a consensus, Meyer and Herscovitch (2001) defined commitment as a binding force and wrote "that the force is experienced as a mindset (a frame of mind or psychological state that compels an individual toward a course of action)" (p. 303). Consequently, a mindset bound by a course of action heeds semblance in terms of differentiating that mindset through employee commitment profiles, which Meyer and Herscovtich instituted as affective, normative, and continuance commitment.

Employee commitment profiles in past studies have been linked to outcomes such as retention, attendance, and job performance (Herscovitch & Meyer, 2002). Yet, with the expansion of commitment as it relates to employees and more importantly to the workplace in general (i.e., targets and action in the organizational setting), Herscovitch and Meyer (2002) "reconceptualized" commitment profiles to include the probability of behavioral consequences. Behavioral consequences in the employee commitment profile include focal behavior and discretionary behavior (Meyer & Herscovitch, 2001; Herscovitch & Meyer, 2002).

Herscovitch and Meyer (2002) define "focal behavior as the course of action to which an individual is bound by his or her commitment, whereas discretionary behavior includes any course of action that, although not specified within the terms of the commitment, can be included within these terms at the discretion of the individual" (p. 475). According to the authors, both focal and discretionary behavior present with higher or lower probability based upon the mindset in terms of their commitment (i.e., affective, continuance, or normative). For instance, focal behavior is present in all three commitment profiles. In other words, employees who demonstrate affective, continuance, or normative commitment will be compliant in terms of direct requirements associated with change, whereas employees who demonstrate normative commitment are more likely to be cooperative and those who demonstrate affective commitment are more likely to champion change (Herscovitch & Meyer, 2002). That is to say, employees with normative and affective commitment are more likely to go above and beyond the direct requirements associated with change. Therefore, assessing an employee's mindset can provide insight into behaviors in terms of change readiness.

Mindsets and Behavioral Consequences of Commitment

Mindset, as defined by Meyer and Herscovitch (2001), is a "frame of mind or psychological state that compels an individual toward a course of action" (p. 303) and is a key factor in shaping behavior. The ways in which an employee's mindset is formed differs based upon their perception of change at any given point in time prior to, during, or once the change process has occurred. For instance, an employee's perception of change could reveal itself in the form of desire (affective) with a strong sense of support for the change because the employee believes the change is valuable; or the employee may feel a sense of obligation (normative) toward the change process, thus exhibiting appropriate conduct during the implementation of change in an effort to reciprocate (Meyer & Herscovitch, 2001, p. 316). Finally, an employee may perceive the change as one that offers no other alternative or believes there is a cost (continuance) associated with not going along with the change (Meyer & Herscovitch, 2001).

Researchers have demonstrated the significance of identifying an employee's mindset along with the probability of behavioral support associated with commitment to change (Meyer et al., 2007; Tsai & Harrison, 2019; Feng et al., 2020). Moreover, research demonstrates the consequences of behavior as a useful tool when affective, continuance, or normative commitment to change is revealed in an organizational setting. Three studies conducted in various organizations highlight the role of affective, continuance, and normative commitment to change and how commitment impacts employee behavior. Tsai and Harrison (2019) conducted a quantitative study, recruiting 500 working adults through Amazon's Mechanical Turk webpage who had been employed by their current organization for at least one year and who had experienced a change within the last three years. The authors aimed to examine the roles of affective commitment to change, organizational justice, and organizational cynicism and the

connection between the critical change actions and employee support. Overall, they found that there was a positive relationship between affective commitment to change and behavioral support for change. Additionally, their findings suggest that procedural justice perceptions played a key role in employees' becoming affectively committed to change (p. 141). In other words, the study puts forward that affective commitment is propelled by the employee's perception of fairness of the change process. For an employee to value the change, enacting overarching fair employment practices such as employee participation, open communication, and education ensures employees view the change as procedurally fair.

Feng et al. (2020) conducted two separate studies, reported together. The first study used a mixed-methods design conducted in four stages. Stage one began with a review of the literature; stage two involved interviews with 30 MBA students in a large Chinese university; stage three included 100 colleagues referred by human resource managers in a large pharmaceutical company in the south of China; and stage four included four panels of five experts in human resource management along with 10 employees who had undergone organizational change in the Chinese context. Finally, a pilot survey was deployed in a machinery manufacturing company in a coastal city of eastern China along with four companies in eastern China that had undergone various changes, for a total of 373 respondents. The second study was a longitudinal study of four Chinese enterprises undergoing changes starting in 2014 in a two-wave design. In time or "wave" one, the survey was deployed two months after the start of the change; and in time or "wave" two, the survey was deployed two months after the first survey was deployed.

Feng et al. (2020) sought to extend Meyer and Herscovitch's construct by adding vocational commitment to change across two studies in a Chinese context and to also study

commitment over time. Overall, they found that affective commitment to change was positively correlated with change-supportive behavior and was negatively correlated with resistance to change. Additionally, their findings demonstrated that continuous commitment to change was negatively correlated with change-positive behavior and was positively correlated with resistance to change, whereas normative commitment to change was positively correlated with change-supportive behavior and negatively correlated with resistance to change. Moreover, their longitudinal findings demonstrated that cultivation of commitment to change improves employees' change-supportive behavior and reduces resistance to change.

Similarly, Meyer et al. (2007) conducted two studies that used a longitudinal investigation and a cross-sectional design in two separate settings. The setting for the first study was a moderate-sized Canadian energy company, and the setting for the second study was the largest and oldest private sector organization in India. Participation included two rounds of surveys with the first round consisting of 686 managerial and nonmanagerial employees and the second round of surveys consisting of 630 managerial and nonmanagerial employees. The second study in India included two phases with the first phase involving 379 managerial employees from the large Indian organization and the second phase involving 129 of the initial 379 managerial employees. The authors set out to replicate and extend findings pertaining to Herscovitch and Meyer's three-component model of commitment to an organizational change. Overall, they found considerable support for the relations between commitment and support and, even with cultural differences, concluded that the three components of commitment to change and the nondiscretionary (compliance) and discretionary (cooperation and championing) behavioral support measures were very similar to Herscovitch and Meyer's study (p. 205). In addition to these findings, commitment to change was a better predictor of behavioral support for

the change than was commitment to the organization. Further findings suggest that affective commitment and normative commitment to a change initiative relate positively to both nondiscretionary and discretionary support behavior, whereas continuance commitment relates positively with nondiscretionary and negatively with discretionary support.

Each of these studies emphasizes the value of assessing an employee's commitment to change as a catalyst for understanding the probability of behavioral consequences associated with the change process. By assessing the level of commitment an employee has, leaders can determine what type of behavioral support employees are most likely to exhibit prior to, during, and after the change process, whether it be nondiscretionary (compliance) or discretionary (cooperation and championing). Tsai et al. (2019), for instance, suggests that employees are more likely to support change if the employee understands the change prior to its taking place. More importantly, an employee's commitment profile can unveil hidden perceptions that otherwise may not be revealed during the change process. Research supports this in terms of commitment cultivation. According to Feng et al. (2020), "people who have high commitment to change initially will continue to support change whereas people who have low commitment initially will continue to resist change" (p. 1084), which is a highly relevant observation when integrating peer workers into organizational settings in terms of workforce stigma and discrimination. Furthermore, for change to take place, behavioral support must remain, at the very least, consistent in terms of compliance. However, for change to become permanent or what Lewin refers to as the "refreeze" stage, the spirit of change or the willingness to embrace the change and sell it to others is the key to successful implementation and sustainability (Lewin, 1947; Meyer et al. 2007).

Collectivist and Individualist/Multidisciplinary Commitment to Change

The context of an organizational setting is a relevant attribute when assessing an employee's readiness for and commitment to change. Current studies seem to indicate that workers represent diversity as it relates to their profession, suggesting that individualism and collectivism may be related to commitment to change in terms of acceptance or resistance to the change process (Barrow et al., 2015; Teng & Yazdanifard, 2015). Hofstede (1980b) argued that "individualism implies a loosely knit social framework with a focus on self and immediate family only while collectivism, still characterized as a social framework, is tight with regards to in-groups and out-groups" (p. 45). Extending this, according to Hofstede, collectivism fuels in-group reciprocity in terms of tending to one another, inducing high levels of loyalty of in-group members.

While individualism and collectivism are often referenced in literature associated with culture, parallels can be drawn between individualism and collectivism and the multidisciplinary team approach within an organizational setting. For instance, Seggewiss et al. (2019) suggest that employees demonstrating commitment to their top managers, supervisors, and workgroups (targeted commitment) rather than to the organization are more inclined to perceive themselves as a collectivist than an individualist—a useful distinction when measuring multidisciplinary teams such as drug courts. Comparatively, Nafei (2014) supports the notion that people are generally more comfortable with what they have learned or have grown to know based on stereotypes and the need for maintaining tradition in terms of workforce disciplines. Nafei, in his study of employee attitudes towards commitment to change, found that among three groups of employees (physicians, nurses, and administrative staff) there were differences in their perceived commitment to change in terms of loyalty (p. 211). Additionally, Meyer et al. (2007) noted that

Herscovitch and Meyer's (2002) study of Canadian nurses "displays a greater collectivist orientation than other employee groups, even within individualist societies" (p. 208).

Each of these influential studies on commitment to change has claimed that the workforce profession, with respect to individualism and collectivism, may play a role in the readiness for and commitment to the change process. Employees' readiness for change, according to Seggewiss et al. (2019), "is substantially influenced by their social relationships in the workforce . . . and employees turn to social cues when interpreting and making sense of new and uncertain" change (p. 123). The role of individual and collective perceptions within a multidisciplinary team needs acknowledgment when seeking to examine readiness for and commitment to change in an organizational setting that includes various influential workforce disciplines.

Conclusion

Readiness for change can present in various forms within an organizational setting. Serving as a precursor for commitment to change, assessing readiness at the individual level becomes essential for disrupting the status quo. Assessing readiness for change provides valuable information in terms of recognizing problems that need to be addressed to fuel successful and sustainable outcomes. Revealing gaps in beliefs, individual readiness factors provide context while serving as the foundational framework for assessing commitment to change.

Current research indicates a direct correlation among readiness factors, including change-specific efficacy, appropriateness, management support, and personal valence to commitment to change. A number of scholars show higher change readiness among employees with greater commitment, suggesting that these higher levels of readiness are attributes of driving forces within the change process. Further evidence indicates that commitment is a contributing factor

within the change process in terms of predicting behavioral support. Affective commitment, for example, has been identified as a key factor associated with championing change. Both readiness for and commitment to change are vital components when organizations are attempting to unfreeze the current state and move toward full implementation in terms of a targeted change action within an organizational setting. However, change becomes even more complex within multidisciplinary teams.

Most researchers working in the area of organizational change agree that both readiness and commitment are relevant constructs in the unfreezing stage of change; yet organizational settings, such as drug courts, must also heed the individuality associated with change when bringing together members of various disciplines that should be working toward a common goal or outcome. Therefore, it is imperative that individual readiness for and commitment to change remain attuned to the multidisciplinary aspects in the change process.

Literature Review Summary

In summary, the integration of peer workers has expanded exponentially across the nation, leading to a recent line of research focused on the impact of recovery support services and, more specifically, peer workers' impact in the behavioral health arena (Ashford et al., 2019; Davidson et al., 2010; Gange et al., 2018). However, the introduction of peer workers in nontraditional settings, such as drug courts, has been challenging and often goes unnoticed.

Most researchers working in recovery support services agree that there is evidence to support positive outcomes associated with peer workers and their contribution in terms of direct services within a behavioral health setting. Yet, the research available fails to explore the organizational settings where peer workers are situated to determine if the setting itself is a contributing factor. Importantly, peer workers openly share their lived experiences related to

mental health and substance use as well as their previous justice involvement, leaving peer workers open to stigma and discrimination in the workforce (Adams & Lincoln, 2019; Nieweglowski et al., 2019; Barrenger et al., 2019). While a considerable amount of research has focused on the peer worker, this phenomenon is not fully understood without also understanding the organizational setting associated with peer worker integration and, more importantly, how employees perceive the integration of peer workers in the context of organizational change.

Change in any workforce setting can be difficult. In Lewin's 1947 study, he argued that, for change to become permanent, organizations must first "unfreeze" the current state by disrupting the equilibrium and destabilizing individuals who attempt to maintain the status quo. It is within this process that critical factors, including driving and resisting forces, can be identified and thereby strengthened or alleviated. Lewin's theoretical framework takes account of the individual perceptions and interpretations present within an organization, while also emphasizing the need for increasing individual awareness of current behavior as a means of inducing change (Lewin, 1947; Heroux et al., 2020). It is through this theoretical framework that the 3-step model of change (unfreeze, change, refreeze) becomes the underpinning in terms of operationalizing the early identification of driving and resisting forces. Notably, a number of scholars have stressed the importance of early identification of driving and resisting forces through various methods, including assessing employee readiness for and commitment to change (Manchester et al., 2014; Mohammad & Mozhgan, 2013; Mukhtar & Fook, 2020).

Readiness for and commitment to change are relevant constructs in change theory. Most researchers working in the area of organizational change agree that, to change, the current state must recognize the need for change and purposefully alter the status quo (Armenakis et al., 1993; Holt et al., 2007). Past studies have yielded some important insights into readiness and

commitment; one found that change-related efficacy directly influences commitment and may be a driving force in the change process (Fatima et al., 2020). Conversely, levels of readiness between groups or disciplines may be attributed to a resisting force within the change process (Lee et al., 2020; Machin et al., 2009; Seggewis et al., 2019). This evidence suggests that characteristics of readiness and commitment must be identified to mitigate barriers and challenges prior to entering what Lewin refers to as the "change stage." It is through this identification that leaders in an organizational setting can predict the probability of behavior prior to, during, and once a targeted change has occurred.

When integrating a workforce, such as peer workers, it is imperative that individual readiness and commitment are properly assessed as a means of decreasing the likelihood of stigma and discrimination the peer workforce may encounter. While it is generally agreed that the peer workforce has had a positive impact on the field of behavioral health, there is less consensus over whether or not this impact has occurred in nontraditional settings, such as drug courts. Considerable research has focused on change within various organizational settings, yet there has been no research to date that identifies the key variables affecting peer worker integration through the lens of the organizational setting and, more specifically, within multidisciplinary teams.

Chapter 3: Research Design

The purpose of this study was to assess the relationship between multidisciplinary team members in Maryland Drug Courts and their readiness for and commitment to change in terms of peer worker integration in drug court settings. Utilizing the Readiness for Organizational Change Scale (Holt et al., 2007), the Commitment to Organizational Change Scale (Herscovitch & Meyer, 2002), and a researcher-developed behavioral support for change questionnaire, the research adds to the body of knowledge related to organizational change and peer worker integration. This chapter describes how the study was conducted, including the study's research questions and the rationale of using a nonexperimental quantitative correlational design. This chapter also includes a description of the following elements of a research study: setting, participant selection and recruitment, instrumentation, data collection procedures, data analysis plan, ethical considerations, and limitations.

Research Questions and Hypotheses

RQ1: What is the predictive relationship of drug court team members' readiness for change subscales (change-specific efficacy, appropriateness, management support, and personal valence) on commitment (affective, continuance, and normative) to targeted change subscales?

H1: At least one readiness for change subscale score will predict individual commitment to change subscales.

RQ2: To what degree are individual characteristics related to readiness and commitment to change subscale scores?

H1: Treatment service providers will have higher mean readiness and commitment to change subscale scores compared to all other discipline types.

H2: Higher peer worker interaction will be related to readiness and commitment to change subscales.

RQ3: What is the predictive influence of each commitment to organizational change profile on behavioral support?

H1: After accounting for the influence of continuance and normative subscale scores, affective commitment scores will predict higher levels of behavioral change support.

Research Methodology

This study employed a quantitative research methodology. Quantitative research, as defined by Rogelberg (2004), is research "involving the use of 'formal,' often standardized, measures of various types (e.g., questionnaires, ratings of behavior, physiological measures)" with scores produced, measured, and analyzed through numerous statistical methods (p. 83). Supporting this definition, Aliaga and Gunderson (2000) describe quantitative research as "explaining phenomena by collecting numerical data that are analyzed using mathematically based methods; in particular statistics" (p. 81).

Qualitative and mixed-methods methodologies were also considered for this study and deemed unsuitable. Qualitative research is best suited for addressing a research problem when variables are unidentifiable and the problem itself calls for exploration (Creswell & Guetterman, 2019). However, for this study, the variables were identified through literature and empirical studies in support of a quantitative methodology. In addition, a mixed-methods analysis, while advantageous in terms of context, was a possibility. The combination of quantitative and qualitative data collection and analyses was rejected due to the single sample targeted setting, the emanated paradigms associated with the targeted population, and the researcher's personal orientation as it relates to the study (Ponterotto, 2005).

Research Design

This quantitative study utilized a cross-sectional, correlational design. A cross-sectional design reflects the researcher's intention to collect data at a single point in time (Mujis, 2011). A correlational design aligns with the researcher's decision to determine the relationship among multiple variables without controlling or manipulating the variables (Creswell & Gutterman, 2019). This nonexperimental approach is appropriate for testing the correlation of scores for various measures to gather evidence of validity, direction and degree of association, and statistical significance between variables (Creswell & Gutterman, 2019). As such, inferential statistics were used to analyze data from a sample of individuals assigned to multidisciplinary teams in Maryland Problem-Solving Courts.

Participants and Setting

Participants were individuals assigned to Maryland Problem-Solving Courts. There are currently 54 Office of Problem-Solving Courts in Maryland. Of those 54 courts, 41 were included in the study. Each program consists of approximately seven members of the multidisciplinary team for a total of 287 potential participants. These multidisciplinary teams include judges, state's attorneys, public defenders/defense attorneys, drug court program coordinators, case managers, probation officers, and treatment service providers. The setting was jurisdictions in the state of Maryland, including Allegany, Washington, Frederick, Carroll, Montgomery, Howard, Harford, Cecil, Prince George's, Anne Arundel, Caroline, Dorchester Calvert, Charles, St. Mary's, Wicomico, Somerset, Worcester, and Baltimore County as well as Baltimore City. The following inclusion and exclusion criteria were used to determine participant eligibility.

Inclusion criteria:

- 18 years of age or older
- Assigned to work in a multidisciplinary team in a Maryland Problem-Solving Court
- Based in adult courts that serve individuals with substance use disorder

Exclusion criteria:

- Assigned to work in courts that serve individuals under the age of 18, including Juvenile Drug Court and Truancy Reduction Court
- Based in Re-Entry Court and Back on Track Court, excluded because of uncertainty in terms of the population served, which may not be substance use disorder-related

Recruitment

Participants were initially accessed through the program director of the Maryland Judiciary's Problem-Solving Courts Administrative Office of the Courts. Permission to access potential participants was obtained from the program director prior to IRB approval. Once IRB approval was obtained, the program director sent a recruitment email (Appendix A) to the program coordinators of each multidisciplinary team, who then disseminated the recruitment email to their team members. The recruitment email provided participants with an overview of the study, eligibility requirements, a note of support from the program director of the Maryland Judiciary's Problem-Solving Courts Administrative Office of the Courts, how long the survey should take, and how it applies to the participants' job. Participants were offered the opportunity to enter their name into a raffle for four $25 Amazon gift cards.

An IRB amendment was requested and approved to disseminate a paper version of the survey (Appendix G) to all program coordinators, who then disseminated the survey to their multidisciplinary teams. Forty-one program coordinators received a total of 10 survey packets for multidisciplinary team dissemination. Dissemination was requested during their court staffing

meetings, and participants were asked to submit survey responses in paper form, should they choose, with instructions stating that participation in paper form was only permitted if the participant had not submitted an electronic version of the survey. Additionally, the consent form was included in the packet, along with a self-addressed envelope to mail responses back. There was a separate form if a participant chose to participate in the incentive; upon receipt, those forms were separated from survey responses. Once responses in paper form were received, they were uploaded into Survey Monkey. Of the 287 potential participants, 110 completed the survey (38% response rate).

Instrumentation

The primary data collection method consisted of a 63-item survey (Appendix B). Two existing instruments were used, and two researcher-developed instruments were used. The two existing instruments were Holt et al.'s (2007) Readiness for Organizational Change Scale and Herscovitch and Meyer's (2002) Commitment to Organizational Change Scale. Permission to use the two existing instruments was obtained from their publishers (Appendix C).

The student researcher also developed a 12-item demographic questionnaire and eight-item behavioral support questionnaire. Demographic questions were used to obtain the following selected participant characteristics: age, gender, race and ethnicity, level of education, problem-solving court setting, role, years of service, use of a referral system to link peer workers to participants, and weekly hours spent interacting with a peer worker.

Readiness for Organizational Change Scale

Holt et al.'s (2007) 25-item Readiness for Organizational Change Scale was developed to gauge readiness for organizational change at an individual level. The scale is divided into four subscale measurements: appropriateness (10 questions), management support (six questions),

change-specific efficacy (six questions), and personal valence (three questions). Appropriateness, a construct within readiness for change, is defined as a proposed change being suitable for an organization (Holt et al., 2007, p. 232).

Management support, a construct within readiness for change, is defined as a leader's commitment to a proposed change (Holt et al., 2007, p. 232). Change-specific efficacy, a construct within readiness for change, is defined as an employee's capability of implementing a proposed change (Holt et al., 2007, p. 232). Personal valence, a construct within readiness for change, is defined as a proposed change benefiting organizational members (Holt et al., 2007, p. 232).

Each subscale is scored on a 7-point Likert scale (1 = strongly disagree, 2 = disagree, 3 = somewhat disagree, 4 = neither agree nor disagree, 5 = somewhat agree, 6 = agree, and 7 = strongly agree). All items associated with a construct were averaged to create four new individual subscale scores (change-specific efficacy, appropriateness, management support, and personal valence). Scores range in value from 1 to 7 with higher scores representing more readiness. A K-Means cluster analysis will be used to re-code each subscale score to identify differences in commitment to change and behavioral support responses based on readiness to change. Analysis will determine three mean cluster groups (low, medium, high), and a new variable was created with participant subscale scores re-coded into the associated category.

Validity and reliability. Holt et al. (2007) conducted an initial factor analysis using the principal axis method and an orthogonal rotation (cases-to-item ratio was about 7:1). Four factors emerged accounting for 62.7% of the variance. The researchers computed estimates of internal consistency for each factor, and coefficient alphas for appropriateness, management support, change efficacy, and personal valence were 0.94, 0.87, 0.82, and 0.66, respectively. Internal

consistency of personal valence did not meet the standard of 0.70; however, the standard of 0.70 was relaxed for exploratory purposes. Therefore, exploration will extend to this study.

Holt et al. (2007) also conducted replication confirmatory factor analysis of the readiness items to further analyze the factor structure and provide additional evidence of the construct validity of the readiness scale. This replication procedure tested and compared the hypothesized four-factor model against alternative models that were logical and represented data with fewer factors. Included in this comparison were a single-factor model, a two-factor model, and two three-factor models. Holt et al.'s results indicated that the four-factor model, proposed for this study, representing the four readiness for change factors appeared to fit well (NFI = 0.96; NNFI = 0.96; CFI = 0.98; RMSEA = 0.08). The values reported for the NFI, NNFI, and CFI all exceeded the cutoff score for the indices, which is 0.9. The RMSEA of 0.08 was also fitting for the 0.08 cutoff value, suggesting the four-factor model was more suitable than all other models. In addition, a chi-square difference test indicated that the four-factor model had significantly better fit than the three-factor solution (chi-square = 128.56, df = 4, $p < .01$). Moreover, they found the coefficient alphas for appropriateness, management support, change efficacy, and personal valence were 0.80, 0.79, 0.79, and 0.65, respectively. Additionally, convergent validity, including means, standard deviations, correlations, and estimates of reliability results indicated that the readiness factors were correlated with each other (mean $r = 0.42$, $p < .05$), and correlations between variables gave additional evidence of convergent validity.

The readiness for change scale focuses on readiness for change at an individual level and was deemed the most applicable and appropriate scale for this research study. Furthermore, the authors suggest this instrument be used in conjunction with other instruments that focus on

measuring some aspect of change, including the proposition of it as a complimentary instrument to Herscovitch and Meyer's Commitment to Organizational Change Scale (Holt et al., 2007).

Commitment to Organizational Change Scale

Herscovitch and Meyer's (2002) 18-item Commitment to Organizational Change Scale was developed to assess the relationship between commitment to change and behavioral support for change within organizations. Their research is based on a three-component model of organizational commitment, divided into three subscale measurements of affective commitment (six questions), continuance commitment (six questions), and normative commitment (six questions). Affective commitment, a subset of commitment to change, is defined as a desire—a strong sense of support for the change (Meyer & Herscovitch, 2001, p. 316).

Continuance commitment, a subset of commitment to change, is defined as a cost—a change that offers no other alternative for not going along with the change (Meyer & Herscovitch, 2001, p. 316). Normative commitment, a subset of commitment to change, is defined as a sense of obligation—exhibiting appropriate conduct during the change (Meyer & Herscovitch, 2001, p. 316). Combined, these three components establish an employee's commitment profile. Herscovitch and Meyer conducted three separate studies to test the three-component model (Meyer & Allen, 1991, 1997; Herscovitch, 2001). The first study was conducted with university students, while the second and third studies were conducted with nurses (Herscovitch & Meyer, 2002).

Responses to items on a scale are averaged to yield an overall score for each of the three components of commitment. Items on the commitment scales that have an "R" after the statement are items that have been "reverse-keyed" to encourage respondents to think about each statement carefully rather than mindlessly adopting a pattern of agreeing and disagreeing with

the statements (Meyer & Allen, 2004). These reverse-keyed items are re-coded (i.e., 1=7, 2=6 . . . 7=1) before scoring, and averages will be computed based only on items relevant to the specific scale. Scores will range in value from 1 to 7 with higher scores indicating stronger commitment (Meyer & Allen, 2004).

The survey is broken down into three constructs, which are three components of the model: affective commitment, continuance commitment, and normative commitment. Each construct contains six items, which are scored on a 7-point Likert scale (1 = strongly disagree to 7 = strongly agree). Items within each construct were calculated by using the average and identifying the midpoint through cluster analysis. Once complete, a new dichotomous variable will be created, and participants will be assigned profiles. Participants equal to or less than the cutoff from the cluster analysis will move into the "low" category, and those above the cluster analysis cutoff will move into the "high" category.

Validity and reliability. Validity was met in studies two and three with nurses (N = 157 and 108, respectively). These additional studies provided further support of the three Commitment to Change Scales, demonstrating that: a.) commitment to change is a better predictor of behavioral support for change than organizational commitment to change, b.) affective and normative commitment to change are associated with higher levels of support than is continuance commitment, and c.) the components of commitment combine to predict behavior (Herscovitch & Meyer, 2002, p. 474). In terms of reliability, principal-axis factor analysis yielded factor loadings that were within an acceptable range for affective commitment (0.78–0.93), continuance commitment (0.76–0.93), and normative commitment (0.58–0.82) as distinguishable constructs. Alpha coefficients for the six-item Affective, Continuance, and Normative Commitment to Change Scales were 0.94, 0.94, and 0.86, respectively.

Behavioral Support for Change Scale

Items to measure behavioral support specific to the integration of peer workers in drug court settings currently do not exist. Therefore, a researcher-created eight-item Behavioral Support for Change Scale was developed with the intent to explore levels of support related to focal and discretionary behavior. Inspired by Herscovitch and Meyer's aim to demonstrate subsets of focal and discretionary, including compliance (focal), cooperation, and championing behavior (discretionary), responses were developed that conceptualize each subset within focal and discretionary behavioral support for change.

Focal behavior is defined as the course of action to which an individual is bound by his or her commitment (Herscovitch & Meyer, 2002, p. 475). Discretionary behavior is defined as any course of action that, although not specified within the terms of the commitment, can be included within these terms at the discretion of the individual (Herscovitch & Meyer, 2002, p. 475). Compliance is defined as demonstrating minimum support for a change by going along with the change, but doing so reluctantly (Herscovitch & Meyer, 2002, p. 478). Cooperation is defined as demonstrating support for change by exerting effort when it comes to the change, going along with the spirit of change, and being prepared to make modest sacrifices (Herscovitch & Meyer, 2002, p. 478). Championing is defined as demonstrating extreme enthusiasm for change by going above and beyond what is formally required to ensure the success of the change and promoting the change to others (Herscovitch & Meyer, 2002, p. 478).

Statements on the Behavioral Support for Change Scale were composed as a result of an IRB-approved qualitative pilot study in which 15 subject matter experts were asked to identify contextual factors that influence peer worker integration in drug court settings. Subject matter experts were five academic professionals familiar with drug courts, five program coordinators or

behavioral health professionals with experience in drug court settings, and five peer workers or peer supervisors with experience in drug court settings. As a result, the most frequent factors mentioned, policies and staff knowledge and beliefs, were used to form the statements for the Behavioral Support for Change Scale. Eight statements were created: four related to policy and four related to staff knowledge and beliefs. Examples of the composed statements are "Including peer workers in the courts policy and procedures handbook is something I am:" (policy) and "Conducting a 3-hour CEU educational workshop for team members on the role and function of the peer worker is something I am:" (staff knowledge and beliefs).

In response to the statements, participants were asked to indicate which category best reflects their position—for example, "Reluctant to support" (compliance), "Prepared to make modest sacrifices to support" (cooperation), and "Willing to go above and beyond what is formally required to promote and support" (championing). Each behavioral support item was used individually to categorize support for the unique topic. All eight behavioral support items were averaged to provide an overall behavioral support score. This score provided an easier way to interpret a categorical variable on an interval scale. Scores with a mean average of 1 to 1.4 were rounded to 1 for compliance, scores with a mean average of 1.5 to 2.4 were rounded to 2 for cooperation, and scores with a mean average of 2.5 to 3 were rounded to 3 for championing.

Data Collection Procedures

Participants were invited to participate in the study by the program director of the Maryland Judiciary's Problem-Solving Courts Administrative Office of the Courts. The program director provided an initial email invitation (Appendix A) to the program coordinators of each multidisciplinary team, who then disseminated it to their team members. The email included the purpose of the study, inclusion and exclusion criteria, how long the survey should take, how it

applies to the participant's job, and a link to access the survey online. The survey was administered through Survey Monkey, an online research software program that the researcher purchased for the purpose of conducting this research study. In addition, a paper version of the survey (Appendix G) was mailed to all program coordinators, who then disseminated the survey to their multidisciplinary teams.

Forty-one program coordinators received a total of 10 survey packets for multidisciplinary team dissemination. Dissemination was requested during their court staffing meetings, and participants were asked to submit survey responses in paper form, should they choose, with instructions stating that participation in paper form was only permitted if the participant had not submitted an electronic version of the survey. The consent form was included in the packet, along with a self-addressed envelope to mail responses back. Once responses in paper form were received, they were uploaded into Survey Monkey.

The online survey and paper version contained a brief screening questionnaire to determine eligibility. Respondents must have answered "yes" to three eligibility questions before gaining access to the survey. Eligibility questions were: 1) Are you 18 years of age or older?; 2) Are you assigned to work in a multidisciplinary team in a Maryland Problem-Solving Court?; and 3) Are you based in an adult court that serves individuals with substance use disorder? Individuals who answered "no" were not eligible and immediately received a message thanking them for their interest and informing them of their ineligibility. Participants who were eligible for the electronic version received a message informing them of their eligibility, and participants who were eligible for the paper version had their surveys manually uploaded into Survey Monkey. Participants were required to agree to informed consent in both the electronic and paper

versions (Appendix D). Electronic consent was obtained for all participants who met eligibility criteria.

Once electronic consent was provided, participants were asked 12 researcher-created demographic questions that included personal and work environment characteristics. Participants then answered 51 forced-response questions beginning with readiness for change, moving to commitment to change, and ending with researcher-created behavioral support for change survey responses. At the end of the survey, participants had an opportunity to enter a raffle to win a $25 Amazon gift card. Participants who chose to enter the raffle voluntarily provided their email address strictly for the use of gift card dissemination. Participant email addresses were stored separately to remove unique identifiable information from the survey responses.

The survey remained open for six weeks, and the survey was extended for an additional four weeks, for a total of 10 weeks. During the six-week period, the researcher sent a reminder email (Appendix E) every two weeks, followed by an email announcing the extension (Appendix F). A reminder email (Appendix E) was sent out once a week during the four-week extension. During the six-week timeframe the researcher monitored the survey responses for the desired sample size. Initial responses did not meet the desired sample size, calling for an IRB amendment, including a four-week survey extension and the mailing of a paper version. At the end of the timeframe, the researcher sent an email (Appendix F) to all program coordinators, requesting they disseminate the email to all multidisciplinary team members. This email included a thank you note, confirmation that the survey was closed, and information about the dissemination timeframe of the $25 Amazon gift cards if they entered the raffle. The $25 Amazon gift card winners were chosen within two weeks of the close of the survey. Winners were notified via email (Appendix I) congratulating them on winning a gift card.

Data Analysis

Missing Data

All analyses were conducted using IBM's 28th version of its Statistical Package for the Social Sciences (SPSS). Missing data was assessed by calculating the proportion of responses a single participant had completed for the entire survey. Answers to survey sections or subscale scores that fell below 80% resulted in listwise deletion of that participant from the analysis, although their demographic data may be included.

Descriptive Data

Univariate descriptive statistics were calculated for all demographic and survey item variables. The calculation included frequencies for categorical variables and measures of central tendency and spread for any continuous variables.

Internal Reliability

The internal reliability of study participant response to survey items within the data arrays associated with the three primary constructs was assessed using Cronbach's alpha (*a*) statistical technique (Field, 2018). The conventions of interpretation proposed by George and Mallery (2018) were used to assign qualitative descriptors to numeric alpha values achieved in the assessments of internal reliability.

Research Questions and Hypotheses

The data analysis plan for answering each research question is described here.

To answer RQ1, "What is the predictive relationship of Drug Court team members' readiness for change subscales (change-specific efficacy, appropriateness, management support, and personal valence) on commitment (affective, continuance, and normative) to targeted change

subscales?," each commitment to change subscale was individually regressed in three separate multiple linear regression models using a maximum likelihood estimation. The assumption of linearity was tested by examining individual scatter plots for a linear trend. Outliers were identified by creating residual scatter plots and determining values that fell significantly from the primary data cluster. An outlier was considered for removal if it occurred away from the least-squares line and exerted high leverage on the overall data pattern. Any outliers that were removed were reported with the final *n* of the model. The assumption of normality of residuals was addressed using the respective skew and kurtosis values associated with the variable data array. Residuals reflecting skew values not exceeding -2.0/+2.0 and kurtosis values not exceeding -7.0/+7.0 were considered normally distributed (George & Mallery, 2018).

A Q-Q plot and the Kolmogorov-Smirnov goodness of fit test was generated to determine multicollinear normality. The multicollinearity assumption was tested using tolerance and the Variance Inflation Factor (VIF). Tolerance (T = 1/VIF) may indicate a problem with multicollinearity if $T < 0.1$. A $T < 0.001$ indicates a significant problem with multicollinearity. If the VIF > 5, multicollinearity may be present, and VIF > indicates considerable multicollinearity. If the model revealed high multicollinearity, then the data was centered (subtract the mean from each score), or independent variables were removed. The Durbin-Watson d was calculated to assess autocorrelation using the conventional cutoff of $1.5 < d < 2.5$ indicating no autocorrelation. Finally, the assumption of homoscedasticity was considered met if a visual inspection of the residual scatter plot showed an even data distribution and no curvature.

The appropriateness of the model was assessed using the critical alpha value from the *F* table and effect size using adjusted R^2. If the model has sufficient explanatory power ($p < .05$), then the influence of each predictor was investigated using the unstandardized beta coefficients.

To answer RQ2, "To what degree are individual characteristics related to readiness and commitment to change subscale scores?," a bivariate correlation was used to determine the relationship between continuous demographic variables (age, years in the field) and each readiness and commitment to change scales. Linearity was assessed using a scatter plot to determine if the variable pairs formed a good linear trend line. Any outliers (3.29 standard deviations above or below the mean) were removed before analysis; however, any listwise deletion was reported with the final *n* if the data did not meet the assumptions of a linear relationship and absence of outliers a Spearman's Rank Order correlation was calculated and interpreted according to Cohen's conventional effect size standards.

To answer RQ3, "What is the predictive influence of each commitment to organizational change profile on behavioral support?," each commitment to change subscale was individually regressed in three separate multiple linear regression models using a maximum likelihood estimation. The assumption of linearity was tested by examining individual scatter plots for a linear trend. Outliers were identified by creating residual scatter plots and determining values that fell significantly from the primary data cluster. An outlier was considered for removal if it occurred away from the least-squares line and exerted high leverage on the overall data pattern. Any outliers that were removed were reported with the final *n* of the model. The assumption of normality of residuals was addressed using the respective skew and kurtosis values associated with the variable data array. Residuals reflecting skew values not exceeding -2.0/+2.0 and

kurtosis values not exceeding -7.0/+7.0 were considered normally distributed (George & Mallery, 2018).

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The appropriateness of the model was assessed using the critical alpha value from the *F* table and effect size using adjusted R^2. If the model has sufficient explanatory power ($p < .05$), then the influence of each predictor was investigated using the unstandardized beta coefficients.

Ethical Considerations

Several steps were taken to protect study participants. IRB approval was obtained prior to collecting data. Survey respondents were not required or mandated to complete the survey and were able to close out of the survey at any time if they found a question uncomfortable. No personal identifying information was collected. Survey responses remain anonymous, and results were reported in aggregate. Only the student researcher and principal investigator had access to

survey responses and results. Finally, all survey data was stored on a password-protected system, only accessible by the student researcher.

Limitations

Prior to conducting the study, the following limitations were expected. Limitations of the study include non-probability sampling and, more specifically, convenience sampling. The use of non-probability convenience sampling generates limitations for the proposed study based on self-selection bias (Creswell & Gutterman, 2019). Individuals will be given the option to voluntarily participate in the study and may not be representative of the population. Self-reporting limitations may also be present. Given the nature of the study and the multidisciplinary approach to collecting data, reported answers may be exaggerated or deemed socially acceptable in terms of accurate self-assessment. Geographic area may also be a factor in differentiating reported answers, thereby posing limitations. For instance, urban versus rural environments may limit representativeness of the population being studied. Additionally, personal bias based on profession may present as a limitation. Treatment service providers, for instance, may be more willing to report than judges on the multidisciplinary teams. Generalizability presents as another possible limitation.

The single research region (Maryland) may limit generalizability to other regions and drug courts in the United States. Moreover, response rate and sample size may heed limitations. Response rates may vary, and returned responses may be biased (Creswell & Guetterman, 2019). Included in the response rate limitation is the response set (Creswell & Gutterman, 2019). A response set may present for participants who are quickly responding and not carefully reading the survey questions or responding in a specific way (strongly agree) because it seems that is what the researcher wants to hear (Creswell & Guetterman, 2019). Sampling size may also

present limitations. This may be due to professional barriers associated with survey dissemination or constraints associated with time needed to complete survey responses. Finally, it is important to note the researcher's personal bias as a professional in the field of criminal justice and behavioral health. Personal limitations could present based on hunches, insights, and intuition (Creswell & Guetterman, 2019).

Chapter 4: Results

The purpose of the study was to assess Drug Court employees' readiness and perceived commitment to peer worker integration in the State of Maryland. The study's topic was addressed through a nonexperimental, quantitative research design. A survey research approach utilizing two standardized instruments was the specific methodology used in the study. Study participants were recruited in a nonprobability, convenient manner. Data were analyzed to answer three research questions with accompanying hypotheses. Data were analyzed using IBM's 28th version of its Statistical Package for the Social Sciences (SPSS).

Preliminary Findings

Preliminary analyses were conducted to assess the extent of missing data, internal reliability of study participant response to survey items related to the three primary study constructs, and descriptive statistical analyses of the study's demographic information and initial findings. The results of the preliminary analyses are presented here.

Missing Data

Missing data was assessed using descriptive statistical techniques. Frequencies (n) and percentages (%) represented the descriptive statistical means by which missing data were evaluated. The extent of missing data was evaluated within the data arrays associated with the study's three primary constructs: readiness for change, commitment to change, and behavioral support. As a result, the data arrays associated with the study's three constructs were 100% intact, reflecting no missing data. Moreover, missing data were minimal at the individual level (0.10%; n = 1) and therefore inconsequential for the purposes of subsequent analyses.

Internal Reliability

The internal reliability of survey items associated with the three primary constructs was assessed using Cronbach's alpha (*a*) technique (Field, 2018). The conventions of Cronbach's alpha interpretation proposed by George and Mallery (2018) were applied to alpha values achieved for study participant response to survey items in the three constructs featured in the study. As a result, excellent levels of internal reliability ($a \geq .90$) were reflected in the constructs of behavioral support and readiness for change. A good to very good level of internal reliability was reflected in the construct of commitment to change. Summaries of findings for internal reliability levels achieved in the study's three constructs are presented in the following tables. Table 1 contains a summary of the internal reliability level achieved for the construct of behavioral support. Table 2 contains a summary of the internal reliability level achieved for the construct of study participant readiness for change. Table 3 contains a summary of the internal reliability level achieved for the construct of study participant commitment to change.

Table 1

Internal Reliability for the Construct of Behavioral Support

Construct	No. of Items	α	Lower Bound	Upper Bound
Behavioral Support	8	0.91	0.89	0.93

Note. The lower and upper bounds of Cronbach's α were calculated using a 95% confidence interval.

Table 2

Internal Reliability for the Construct of Readiness for Change

Construct	No. of Items	α	Lower Bound	Upper Bound
Readiness for Change	25	0.93	0.91	0.95

Note. The lower and upper bounds of Cronbach's α were calculated using a 95% confidence interval.

Table 3
Internal Reliability for the Construct of Commitment to Change

Scale	No. of Items	α	Lower Bound	Upper Bound
Commitment to Change	18	0.84	0.80	0.88

Note. The lower and upper bounds of Cronbach's α were calculated using a 95% confidence interval.

Descriptive Statistics: Demographic Information

Study participants' demographic information was assessed using descriptive statistical techniques. Frequencies (n) and percentages (%) represented the descriptive statistical means by which study participant demographic identifying information was evaluated. Of the 287 potential participants, 110 completed the survey (38% response rate). Table 4 contains a summary of findings for the descriptive statistical analysis of the study's demographic identifier information.

Table 4
Descriptive Statistics: Demographic Identifying Information

Category	*n*	%	Cumulative %
Title			
Case Manager	23	20.91	20.91
Judge	10	9.09	30.00
Not Listed (please specify)	13	11.82	41.82
Parole/Probation Officer	7	6.36	48.18
Program Coordinator	28	25.45	73.64
Public Defender/Defense Attorney	10	9.09	82.73
State's Attorney/Prosecutor	5	4.55	87.27
Treatment Service Provider/Clinician	14	12.73	100.00
Missing	0	0.00	100.00
Education			
Associate Degree	7	6.36	6.36
Bachelor's Degree	36	32.73	39.09
Master's Degree	25	22.73	61.82
Doctorate/PhD	42	38.18	100.00
Missing	0	0.00	100.00
Gender			
Female	75	68.18	68.18

Male	34	30.91	99.09
Missing	1	0.91	100.00
Race			
Asian/Pacific Islander	1	0.91	0.91
Black or African American	31	28.18	29.09
Hispanic American	2	1.82	30.91
Multiple Ethnicity/Other (please specify)	2	1.82	32.73
White/Caucasian	74	67.27	100.00
Missing	0	0.00	100.00
Court			
Adult Drug Court—Circuit	58	52.73	52.73
Adult Drug Court—District	23	20.91	73.64
Family Drug Court	10	9.09	82.73
Mental Health Court—Circuit	3	2.73	85.45
Mental Health Court—District	12	10.91	96.36
Veterans Court	4	3.64	100.00
Missing	0	0.00	100.00
Referral Status			
No	31	28.18	28.18
Not Applicable	5	4.55	32.73
Not Sure	13	11.82	44.55
Yes	61	55.45	100.00
Missing	0	0.00	100.00
Interact			
Never	34	30.91	30.91
1-3 hours per week	40	36.36	67.27
4-6 hours per week	14	12.73	80.00
7-9 hours per week	7	6.36	86.36
10+ hours per week	15	13.64	100.00
Missing	0	0.00	100.00
Experience			
Not Applicable	26	23.64	23.64
Fair	4	3.64	27.27
Good	13	11.82	39.09
Very Good	24	21.82	60.91
Excellent	43	39.09	100.00
Missing	0	0.00	100.00
Training			

Never	57	51.82	51.82
Less than 3 hours	20	18.18	70.00
Between 3 hours and 7 hours	14	12.73	82.73
More than 7 hours	19	17.27	100.00
Missing	0	0.00	100.00

Descriptive Statistics: Initial Findings

Descriptive statistical techniques were used to evaluate study participant responses on the three constructs: readiness for change, commitment to change, and behavioral support. The focus of descriptive statistical analyses was on frequencies (n), measures of central tendency (mean scores), variability (minimums/maximums, standard deviations), standard errors of the mean (SE_M), and data array normality (skew, kurtosis). Table 5 contains a summary of findings for the descriptive statistical analysis of study participant responses on the construct of readiness for change and the four subscales of the construct of readiness for change. Table 6 contains a summary of findings for the descriptive statistical analysis of study participant responses on the construct of commitment and the three subscales of the construct of commitment to change. Table 7 contains a summary of findings for the descriptive statistical analysis of study participant responses on the construct of behavioral support.

Table 5
Descriptive Statistics: Construct of Readiness for Change and Subscales for Readiness for Change

Construct	*M*	*SD*	*n*	SE_M	Min	Max	Skewness	Kurtosis
Overall Readiness	4.55	0.41	110	0.04	3.56	5.80	0.20	0.56
Appropriateness	5.91	0.81	110	0.08	3.90	7.00	-0.57	-0.35
Management Support	4.85	1.10	110	0.11	2.67	7.00	0.49	-0.71
Change Efficacy	5.98	0.78	110	0.07	4.00	7.00	-0.75	0.20
Personal Benefit	6.01	1.09	110	0.10	2.67	7.00	-1.06	0.20

Table 6
Descriptive Statistics: Construct of Commitment to Change and Subscales of Commitment to Change

Construct	*M*	*SD*	*n*	SE_M	Min	Max	Skewness	Kurtosis
Overall Commitment	3.62	0.48	110	0.05	2.33	4.67	0.00	-0.44
Affective	6.01	0.89	110	0.09	3.83	7.00	-0.66	-0.38
Continuance	5.44	1.05	110	0.10	2.33	7.00	-0.39	-0.38
Normative	4.61	1.06	110	0.10	2.17	7.00	0.36	-0.10

Table 7
Descriptive Statistics: Construct of Behavioral Support and Dimensions of Behavioral Support

Construct	*M*	*SD*	*n*	SE_M	Min	Max	Skew	Kurtosis
Behavioral Support (Overall)	2.49	0.48	110	0.05	1.00	3.00	-0.58	-0.43
Behavioral Support (Policy)	2.42	0.53	110	0.05	1.00	3.00	-0.40	-0.88
Behavioral Support (Staff Knowledge)	2.55	0.48	110	0.05	1.00	3.00	-0.80	-0.13

Findings by Research Questions

The study's three research questions were framed in an effort to address its topic and problem statement. Descriptive and inferential statistical techniques were used to analyze data associated with the study's three research questions. The probability level of $p \leq .05$ represented the threshold value for findings considered statistically significant. Numeric effect sizes achieved in the study's analyses were interpreted qualitatively using the conventions proposed by Cohen (1988) and Sawilowsky (2009). The following represents the reporting of findings by research question.

Research Question #1: What is the predictive relationship of Drug Court team members' readiness to change subscales (change-specific efficacy, appropriateness, management support, and personal valence) on commitment (affective, continuance, and normative) to targeted change subscales?

The multiple linear regression (MLR) statistical technique was used to evaluate the predictive ability of the four subscales of the construct of readiness for change (appropriateness, management support, change self-efficacy, and personal benefit) for the three subscales of the construct of commitment to change (affective, continuance, and normative). Three distinct MLR models were used to address the three dependent variables featured in research question one. The assumptions of MLR were addressed and satisfied for all three predictive models by statistical means (independence or error, multicollinearity, influential outliers, and normality of residuals) or visual inspection (linearity, homoscedasticity). The following represents the formal reporting of findings for each of the respective predictive models used to address research question one.

Affective commitment to change. The predictive model for affective commitment to change was statistically significant and reflected a huge effect (F (4,105) = 55.80, $p < .001$, R^2 = 0.68), indicating that approximately 68% of the variance in affective commitment change was explainable by the linear combination of appropriateness, management support, change self-efficacy, and personal benefit. The readiness for change subscale of appropriateness was statistically significantly for being predictive of affective commitment ($B = 0.51$, $t_{(105)} = 6.02$, $p < .001$), showing that, on average, a one-unit increase of appropriateness would increase the value of affective commitment to change by 0.51 units. The readiness for change subscale of personal benefit was statistically significantly for being predictive of affective commitment to change ($B = 0.27$, $t_{(105)} = 4.58$, $p < .001$), showing that, on average, a one-unit increase of personal benefit would increase the value of affective commitment to change by 0.27 units. Table 8 contains a summary of findings for the predictive model featuring the four subscales of readiness for change and the dependent variable affective commitment to change.

Table 8
Predicting Affective Commitment to Change by Subscales of Readiness for Change

Model	*B*	*SE*	95% CI	β	*t*	*p*
(Intercept)	0.26	0.42	[-0.58, 1.09]	0.00	0.61	.55
Appropriateness	0.51	0.08	[0.34, 0.68]	0.46	6.02	< .001
Management Support	0.04	0.05	[-0.06, 0.15]	0.05	0.84	.40
Change Self-Efficacy	0.15	0.08	[-0.02, 0.31]	0.13	1.76	.08
Personal Benefit	0.27	0.06	[0.15, 0.39]	0.33	4.58	< .001

Continuance commitment to change. The predictive model for continuance commitment to change was statistically significant and reflective of a very large effect (F (4,105) = 16.90, $p < .001$, $R^2 = 0.39$), indicating that approximately 39% of the variance in continuance commitment to change was explainable by the linear combination of appropriateness, management support, change self-efficacy, and personal benefit. The readiness for change subscale of personal benefit was the only readiness for change subscale that was statistically significantly predictive of continuance commitment to change ($B = 0.57$, $t_{(105)} = 5.94$, $p < .001$), indicating that, on average, a one-unit increase of personal benefit would increase the value of continuance commitment to change by 0.57 units. Table 9 contains a summary of findings for the predictive model featuring the four subscales of readiness for change and the dependent variable continuance commitment to change.

Table 9
Predicting Continuance Commitment to Change by Subscales of Readiness for Change

Model	*B*	*SE*	95% CI	β	*t*	*p*
(Intercept)	1.73	0.68	[0.38, 3.08]	0.00	2.53	.01
Appropriateness	0.12	0.14	[-0.15, 0.39]	0.09	0.88	.38
Management Support	0.06	0.09	[-0.11, 0.23]	0.06	0.72	.47
Change Self-Efficacy	-0.12	0.14	[-0.39, 0.14]	-0.09	-0.92	.36
Personal Benefit	0.57	0.10	[0.38, 0.76]	0.60	5.94	< .001

Normative commitment to change. The predictive model for normative commitment to change was statistically significant and reflective of a large to very large effect (F (4,105) = 7.20, $p < .001$, $R^2 = 0.22$), indicating that approximately 22% of the variance in normative commitment to change was explainable by the linear combination of appropriateness, management support, change self-efficacy, and personal benefit. The readiness for change subscale of appropriateness was the only readiness for change subscale that was statistically significantly predictive of normative commitment to change ($B = 0.53$, $t_{(105)} = 3.35$, $p = .001$), indicating that, on average, a one-unit increase of appropriateness would increase the value of normative commitment to change by 0.53 units. Table 10 contains a summary of findings for the predictive model featuring the four subscales of readiness for change and the dependent variable normative commitment to change.

Table 10

Predicting Normative Commitment to Change by Subscales of Readiness for Change

Model	*B*	*SE*	95% CI	β	*t*	*p*
(Intercept)	1.38	0.78	[-0.16, 2.92]	0.00	1.77	.08
Appropriateness	0.53	0.16	[0.21, 0.84]	0.40	3.35	.001
Management Support	0.17	0.10	[-0.03, 0.36]	0.17	1.71	.09
Change Self-Efficacy	-0.09	0.15	[-0.39, 0.22]	-0.06	-0.56	.57
Personal Benefit	-0.03	0.11	[-0.25, 0.19]	-0.03	-0.25	.81

Research Question #2: To what degree are individual characteristics related to readiness and commitment to change subscale scores?

The mathematical relation between study participant individual characteristics and the constructs of readiness for change and commitment to change was addressed using formal correlation analysis. Two separate correlational analyses were conducted using the individual characteristics of study participant title (role), educational level, gender, and race/ethnicity and

the constructs of readiness for change and commitment to change. The following represents the formal reporting of findings for the correlational analyses conducted in research question two.

Readiness for change. Within the bivariate correlations conducted for study participant individual characteristics and the construct of readiness for change, three relational pairs were manifested at statistically significant levels. The correlation between the readiness for change subscale of appropriateness and the individual characteristic of educational level was statistically significant ($p = .03$). The correlations between the readiness for change subscale of personal benefit and the individual characteristics of title ($p = .002$) and educational level ($p = .005$) were statistically significant ($p < .01$). Table 11 contains a summary of the correlations between study participant individual characteristics and the subscales of the construct of readiness for change.

Table 11
Summary of Correlations: Individual Characteristics and Subscales of the Construct of Readiness for Change

Subscale	Title	Education Level	Gender	Race/Ethnicity
Appropriateness	.15	.21*	-.09	.15
Management Support	.03	.13	-.06	.01
Change Self-Efficacy	.12	.15	-.02	.02
Personal Benefit	.30**	.27**	-.07	.04

*$p < .05$ **$p < .01$

Commitment to change. Within the bivariate correlations conducted for study participant individual characteristics and the construct of commitment to change, one relational pair was manifested at a statistically significant level. The correlation between the commitment to change subscale of continuance commitment to change and the individual characteristic of job title was statistically significant ($p = .04$). Table 12 contains a summary of the correlations between study participant individual characteristics and the subscales of the construct of commitment to change.

Table 12
Summary of Correlations: Individual Characteristics and Subscales of the Construct of Commitment to Change

Subscale	Title	Education Level	Gender	Race/Ethnicity
Affective	.18	.18	-.04	.03
Continuance	.20*	.14	-.08	.01
Normative	.12	.17	-.06	.04

*$p < .05$

RQ2: H1: Treatment service providers will have higher mean readiness and commitment to change subscale scores compared to all other discipline types.

Descriptive statistics: initial findings. Descriptive statistical techniques were used to evaluate study participant responses on the readiness for change constructs by job title featured for study purposes. The focus of descriptive statistical analyses was on frequencies (n), measures of central tendency (mean scores), variability (minimums/maximums, standard deviations), standard errors of the mean (SE_M), and data array normality (skew, kurtosis). Table 13 contains a summary of findings for the descriptive statistical analysis of study participant responses to the construct of overall readiness for change by job title. Table 14 contains a summary of findings for the descriptive statistical analysis of study participant responses to the four subscales of the construct of readiness for change by job title.

Table 13
Descriptive Statistics: Overall Readiness for Change by Job Title

Variable/Title	*M*	*SD*	*n*	SE_M	Min	Max	Skewness	Kurtosis
Readiness for Change								
Treatment/Case Management	4.57	0.38	37	0.06	3.56	5.32	-0.17	0.65
Program Coordinator	4.56	0.38	28	0.07	3.64	5.28	-0.41	0.34
Justice	4.46	0.45	32	0.08	3.68	5.80	0.66	0.77

Table 14

Descriptive Statistics: Subscales of Readiness for Change by Job Title

Variable/Title	*M*	*SD*	*n*	SE_M	Min	Max	Skewness	Kurtosis
Appropriateness								
Treatment/Case Management	5.72	0.83	37	0.14	4.00	7.00	-0.33	-0.60
Program Coordinator	6.12	0.82	28	0.16	3.90	7.00	-1.02	0.50
Justice	5.91	0.82	32	0.14	4.00	7.00	-0.48	-0.49
Management Support								
Treatment/Case Management	4.75	1.00	37	0.16	2.67	7.00	0.55	-0.39
Program Coordinator	4.92	1.17	28	0.22	3.00	7.00	0.46	-0.80
Justice	4.75	1.23	32	0.22	3.00	7.00	0.59	-0.85
Change Self-Efficacy								
Treatment/Case Management	5.92	0.75	37	0.12	4.00	7.00	-0.80	0.47
Program Coordinator	5.86	0.87	28	0.16	4.00	7.00	-0.61	-0.25
Justice	6.05	0.83	32	0.15	4.00	7.00	-0.65	-0.28
Personal Benefit								
Treatment/Case Management	5.75	1.22	37	0.20	3.33	7.00	-0.61	-1.03
Program Coordinator	6.00	1.04	28	0.20	4.00	7.00	-0.85	-0.42
Justice	6.38	0.82	32	0.15	4.00	7.00	-1.45	1.90

Descriptive statistics: initial findings. Descriptive statistical techniques were used to evaluate study participant responses on the commitment to change constructs by job title featured for study purposes. The focus of descriptive statistical analyses was on frequencies (n), measures of central tendency (mean scores), variability (minimums/maximums, standard deviations), standard errors of the mean (SE_M), and data array normality (skew, kurtosis). Table 15 contains a summary of findings for the descriptive statistical analysis of study participant responses to the construct of overall commitment to change by job title. Table 16 contains a summary of findings for the descriptive statistical analysis of study participant responses to the three subscales of the construct of commitment to change by job title.

Table 15
Descriptive Statistics: Overall Commitment to Change by Job Title

Variable/Title	*M*	*SD*	*n*	SE_M	Min	Max	Skewness	Kurtosis
Commitment to Change								
Treatment/Case Management	3.57	0.49	37	0.08	2.67	4.61	0.15	-0.51
Program Coordinator	3.75	0.40	28	0.07	3.00	4.50	0.10	-1.05
Justice	3.44	0.43	32	0.08	2.33	4.39	-0.09	0.46

Table 16
Descriptive Statistics: Subscales of Commitment to Change by Job Title

Variable/Job Title	*M*	*SD*	*n*	SE_M	Min	Max	Skewness	Kurtosis
Affective Commitment								
Treatment/Case Management	5.82	0.95	37	0.16	3.83	7.00	-0.57	-0.60
Program Coordinator	6.07	1.00	28	0.19	4.00	7.00	-0.73	-0.81
Justice	6.15	0.76	32	0.13	4.00	7.00	-0.65	0.34
Continuance Commitment								
Treatment/Case Management	5.46	1.18	37	0.19	2.33	7.00	-0.59	-0.22
Program Coordinator	5.21	0.99	28	0.19	3.17	7.00	-0.16	-0.97
Justice	5.81	0.75	32	0.13	4.00	7.00	0.02	-0.31
Normative Commitment								
Treatment/Case Management	4.32	0.91	37	0.15	2.67	6.50	0.25	-0.54
Program Coordinator	5.04	1.03	28	0.19	3.83	7.00	0.76	-0.54
Justice	4.61	1.07	32	0.19	2.83	7.00	0.25	-0.51

RQ2: H2: Higher peer worker interaction will be related to readiness and commitment to change subscales.

Descriptive statistics: initial findings. Descriptive statistical techniques were used to evaluate study participant responses within the demographic identifiers of peer interaction level and job title featured for study purposes. The focus of descriptive statistical analyses was on frequencies (n), measures of central tendency (mean scores), variability (minimums/maximums, standard deviations), standard errors of the mean (SE_M), and data array normality (skew, kurtosis). Table 17 contains a summary of findings for the descriptive statistical analysis of study

participant responses of peer interaction level by job title. Table 18 contains a summary of findings for the descriptive statistical analysis of study participant responses of peer interaction level by job title.

Table 17
Descriptive Statistics: Interaction Level by Job Title

Variable/Title	*M*	*SD*	*n*	SE_M	Min	Max	Skewness	Kurtosis
Interaction Level								
Treatment/Case Management	2.16	0.80	37	0.13	1.00	3.00	-0.30	-1.34
Program Coordinator	2.04	0.79	28	0.15	1.00	3.00	-0.06	-1.35
Justice	1.56	0.62	32	0.11	1.00	3.00	0.59	-0.58

Table 18
Frequency/Percentages: Level of Interaction and Job Title

	Job Title			
Variable/Category	Treatment/Case Mgmt.	Program Coordinator	Justice	Missing
Interaction Level	n (%)	n (%)	n (%)	n (%)
Never	9 (24%)	8 (29%)	16 (50%)	1 (8%)
1 to 3 Hours	13 (59%)	11 (68%)	14 (94%)	2 (23%)
More Than 3 Hours	15 (100%)	9 (100%)	2 (100%)	10 (100%)
Total	37 (100%)	28 (100%)	32 (100%)	13 (100%)

Readiness for change. Correlation analyses were conducted for study participant positional title, level of interaction with peers, and the variable of readiness for change. As a result, a statistically significant positive or direct correlation was reflected in the pairing of readiness for change and level of interaction with peers ($r_p = 0.42$, $p < .001$, 95% CI [0.24, 0.57]). The correlation between study participant positional title and readiness for change was inverse and non-statistically significant ($r_p = -0.11$, $p = .27$, 95% CI [-0.31, 0.09]). Table 19 contains a summary of findings for correlations between readiness for change and study participant positional title and level of peer interaction.

Table 19
Correlation Summary: Readiness for Change

Variable	r_p	95% CI	*p*
Positional Title	-0.11	[-0.31, 0.09]	.27
Level of Peer Interaction	0.42	[0.24, 0.57]	< .001

Commitment to change. Correlation analyses were conducted for study participant positional title, level of interaction with peers, and the variable of commitment to change. As a result, a non-statistically significant positive or direct correlation was reflected in the pairing of commitment to change and level of interaction with peers ($r_p = 0.15$, $p = .16$, 95% CI [-0.06, 0.34]). The correlation between study participant positional title and commitment to change was inverse and non-statistically significant ($r_p = -0.12$, $p = .26$, 95% CI [-0.31, 0.08]). Table 20 contains a summary of findings for correlations between commitment to change and study participant positional title and level of peer interaction:

Table 20
Correlation Summary: Commitment to Change

Variables	r_p	95% CI	*p*
Positional Title	-0.12	[-0.31, 0.08]	.26
Level of Peer Interaction	0.15	[-0.06, 0.34]	.16

Research Question #3: What is the predictive influence of each commitment to organizational change profile on behavioral support?

The multiple linear regression (MLR) statistical technique was used to evaluate the predictive ability of the three subscales of the construct of commitment to change (affective, continuance, and normative) for the construct of behavioral support. The assumptions of MLR were addressed and satisfied for the predictive model featured in research question three by

statistical means (independence or error, multicollinearity, influential outliers, and normality of residuals) or visual inspection (linearity, homoscedasticity).

The predictive model in research question three was statistically significant and reflected a very large effect (F (3,106) = 24.73, $p < .001$, $R^2 = 0.41$), indicating that approximately 41% of the variance in the construct of behavioral support was explainable by the linear combination of the commitment to change subscales of affective commitment, continuance commitment, and normative commitment. The commitment subscale of affective commitment to change was the only subscale of commitment that was statistically significantly predictive of behavioral support ($B = 0.31$, $t_{(106)} = 5.33$, $p < .001$), indicating that, on average, a one-unit increase of affective commitment to change would increase the value of behavioral support by 0.31 units. Table 21 contains a summary of findings for the predictive model featuring the three subscales of commitment to change and the dependent variable of behavioral support.

Table 21

Predicting Behavioral Support by Subscales of the Construct of Commitment to Change

Model	*B*	*SE*	95% CI	β	*t*	*p*
(Intercept)	0.34	0.26	[-0.18, 0.86]	0.00	1.29	.20
Affective Commitment	0.31	0.06	[0.19, 0.42]	0.57	5.33	< .001
Continuance Commitment	0.03	0.04	[-0.05, 0.12]	0.07	0.74	.46
Normative Commitment	0.03	0.04	[-0.05, 0.11]	0.06	0.65	.52

Follow-Up Analyses: Dimensions of Behavioral Support

The construct of behavioral support consisted of two distinct dimensions: policy, and staff knowledge and beliefs. The MLR statistical technique was used to evaluate the predictive ability of the three subscales of the construct of commitment to change (affective, continuance, and normative) for the two dimensions of the construct of behavioral support. The assumptions of MLR were addressed and satisfied for both predictive models by statistical means

(independence or error, multicollinearity, influential outliers, and normality of residuals) or visual inspection (linearity, homoscedasticity). The following represents the formal reporting of findings for each of the predictive models used to address the follow-up analyses in research question three.

Behavioral Support: Policy Dimension

The predictive model was statistically significant and reflected a very large effect ($F(3,106) = 23.85$, $p < .001$, $R^2 = 0.40$), indicating that approximately 40% of the variance in the behavioral support dimension of policy behavioral support was explained by the linear combination of affective commitment, continuance commitment, and normative commitment. The commitment to change subscale of affective commitment was the only commitment subscale that was statistically significantly predictive of the behavioral support dimension of policy ($B = 0.35$, $t_{(106)} = 5.44$, $p < .001$), indicating that, on average, a one-unit increase of affective commitment to change would increase the value of the behavioral support dimension of policy by 0.35 units. Table 22 contains a summary of findings for the predictive model featuring the three subscales of commitment and the dependent variable of the behavioral support dimension of policy.

Table 22

Predicting the Behavior Dimension of Policy by Subscales of Commitment to Change

Model	*B*	*SE*	95% CI	β	*t*	*p*
(Intercept)	0.10	0.29	[-0.47, 0.68]	0.00	0.36	.72
Affective Commitment	0.35	0.06	[0.22, 0.48]	0.59	5.44	< .001
Continuance Commitment	0.02	0.05	[-0.08, 0.11]	0.03	0.35	.72
Normative Commitment	0.03	0.05	[-0.06, 0.12]	0.05	0.59	.56

Behavioral Support: Staff Knowledge and Beliefs Dimension

The predictive model was statistically significant and reflected a very large effect (F (3,106) = 18.95, $p < .001$, $R^2 = 0.35$), indicating that approximately 35% of the variance in the behavioral support dimension of staff knowledge and beliefs was explained by the linear combination of affective commitment, continuance commitment, and normative commitment. The commitment to change subscale of affective commitment was the only commitment to change subscale that was statistically significantly predictive of the behavioral support dimension of staff knowledge and beliefs ($B = 0.27$, $t_{(106)} = 4.42$, $p < .001$), indicating that, on average, a one-unit increase of affective commitment to change would increase the value of the behavioral support dimension of staff knowledge and beliefs by 0.27 units. Table 23 contains a summary of findings for the predictive model featuring the three subscales of commitment to change and the dependent variable of the behavioral support dimension of staff knowledge and beliefs.

Table 23
Predicting the Behavior Dimension of Staff Knowledge and Beliefs by Subscales of Commitment to Change

Model	*B*	*SE*	95% CI	β	*t*	*p*
(Intercept)	0.57	0.27	[0.03, 1.12]	0.00	2.10	.04
Affective Commitment	0.27	0.06	[0.15, 0.39]	0.50	4.42	< .001
Continuance Commitment	0.05	0.05	[-0.04, 0.14]	0.10	1.05	.30
Normative Commitment	0.03	0.04	[-0.06, 0.11]	0.06	0.62	.54

Summary

The study was conducted to assess Drug Court employees' readiness and perceived commitment to peer worker integration in the State of Maryland. A non-experimental, quantitative research design featuring a survey research approach was used to address the study's

topic and research problem. Excellent levels of survey completion rate and internal reliability were achieved within the data arrays associated with the study's primary constructs.

The three predictive models used to address research question one were found to be viable and statistically significant. The subscales of appropriateness and personal benefit were statistically significant in predicting affective commitment to change. The subscale of personal benefit was statistically significant in predicting continuance commitment to change. For normative commitment to change, the subscale of appropriateness represented the most robust, statistically significant predictor.

For research question two, the correlations between the readiness for change subscale of personal benefit and the individual characteristics of title and educational level were statistically significant. The correlation between the readiness for change subscale of appropriateness and the individual characteristic of educational level was statistically significant. The correlation between the commitment to change subscale of continuance to change and the individual characteristic of job title was statistically significant.

For research question three, the commitment subscale of affective commitment to change was the only subscale of commitment that was statistically significantly predictive of behavioral support. The commitment to change subscale of affective commitment was the only commitment subscale that was statistically significantly predictive of behavioral support dimensions of policy and staff knowledge in the follow-up analysis featured in research question three.

The results of the study as reported in Chapter 4 are thoroughly discussed in Chapter 5 of the study.

Chapter 5: Findings and Recommendations

The purpose of this nonexperimental correlational study was to assess the relationship between multidisciplinary team members in Maryland Drug Courts and their readiness for and commitment to change in terms of peer worker integration within drug court settings. The practical purpose of this study was to assist drug court teams in assessing their readiness for and commitment to change prior to, during, and after peer worker integration has occurred. Moreover, assessing the practical purposes of this study will assist in the change process and elevate behavioral supports associated with peer worker impacts and outcomes related to peer worker integration sustainability. This chapter includes a summary of the completed study, interpretations of the results, and limitations of the study. Finally, recommendations for practice and future research will be presented.

Research Questions

The following research questions guided this study:

RQ1: What is the predictive relationship of drug court team members' readiness for change subscales (change-specific efficacy, appropriateness, management support, and personal valence) on commitment (affective, continuance, and normative) to targeted change subscales?

RQ2: To what degree are individual characteristics related to readiness and commitment to change subscale scores?

RQ3: What is the predictive influence of each commitment to organizational change profile on behavioral support?

Interpretation of Findings

Peer worker integration continues to expand exponentially across the nation in behavioral health and community-based services. However, this workforce and its role and function are diverse, moving beyond behavioral health into nontraditional settings, including criminal justice systems such as drug courts. Peer workers with a history of criminal involvement play a critical role in assisting individuals in the recovery journey by advocating for less restrictive interventions, navigating difficult moments, and instilling hope in participants as they move through the drug court program (Barrenger et al., 2019). However, peer workers experience stigma and discrimination in the workforce and have reported a lower level of acceptance among colleagues along with microaggressions and verbal, nonverbal, and environmental contempt (Blash et al., 2015; Klee et al., 2019). Moreover, "discriminatory practices such as segregation, coercion, and avoidance can be damaging in the context of employment" (p. 156), even more so when integrating peer workers into drug courts (Nieweglowski et al., 2019).

The integration of peer workers into drug court settings prompts the need for employee assessment as this workforce continues to increase. This study, which specifically targeted Maryland drug courts, found that an employee's readiness for change is a precursor to an employee's commitment to change and therefore predicts an employee's probability of behavior prior to, during, and after the change process. While Chapter 4 provided statistical analyses of the study, research questions and qualitative interpretations will be presented in this chapter, along with supportive literature demonstrating the relationships within the "unfreeze" stage of Lewin's (1947) 3-step model of change, including readiness, commitment, and behavioral support. More importantly, findings will demonstrate the various employee characteristics

associated with multidisciplinary teams in drug courts and how those characteristics can impact driving and resisting forces within the drug court team when peer worker integration is present.

Finding 1: Drug court employees who report they believe peer worker integration is appropriate and personally beneficial are more likely to display an affective (desire) commitment mindset compared to drug court employees who report peer worker integration as only being appropriate, displaying a normative (obligation) mindset.

This finding is derived from the results of answering RQ1. This finding suggests that readiness for change is predictive of commitment to peer worker integration, and appropriateness is a key factor when assessing a drug court employee's commitment to peer worker integration. More importantly, an employee's commitment to change manifests based upon their perception of whether or not the change is appropriate or desired. For instance, employees within the same multidisciplinary team who believe that peer worker integration is suitable for a drug court setting are more likely to "buy-in" in terms of engagement and participation throughout the integration process, ultimately leading to increased commitment (Edwards et al., 2020, p. 359).

Determining whether and to what extent employees believe peer worker integration is appropriate is useful when determining the driving and resisting forces within a drug court setting. These forces surface in both positive and negative ways. Valuing change and acknowledging the need for change, for example, are demonstrations of driving forces, whereas deviant behavior and workplace gossip are resisting forces. This finding is supported by an earlier study by Manchester et al. (2014), which found that, in order to successfully "unfreeze" the current status quo, employee buy-in must be identified as a prerequisite for commitment within the change process. Moreover, Mukhtar and Fook (2020) found that understanding staff attitudes was an initial step in moving employees from the perception of no other alternative

(continuance) to the perception of obligation (normative) and into desire (affective) for change. However, appropriateness in terms of readiness is not the only significant factor in predicting affective commitment (Mukhtar & Fook, 2020).

It may seem counterintuitive that personal benefit (valence) predicts affective (desire) commitment given the nature of the survey statements (e.g., "I am worried I will lose some of my status in the program when this change is implemented"; "This change will disrupt many of the personal relationships I have developed"; and "My future in this job will be limited because of this change"). Nonetheless, it should be noted that personal benefit (valence) represented lower internal consistency in terms of validity and reliability on the standardized Readiness for Organizational Change instrument and therefore was extended to this study as an exploratory factor. Interestingly, the exploratory factor of personal benefit does provide insight into perception in terms of readiness for peer worker integration.

This finding also suggests that drug court employees do not consider the peer worker to be a threat to their job security. With a minimized risk or threat to positions on the drug court's multidisciplinary team, the findings associated with personal benefit reveal a mindset that an employee is comfortable with acknowledging their belief that the change is appropriate because they do not feel threatened by peer workers. Nonetheless, employees who report peer worker integration is appropriate but do not recognize the personal benefit have an obligatory (normative) commitment to change.

Employees who reported an obligation to support peer working integration are less likely to resist the change. This could indicate that they are more likely to cooperate yet hesitate to champion the integration process. Diving deeper into the personal benefit (valence) factor associated with readiness, one study found that employees who present with an obligation

mindset may be on the cusp of fear of the unknown, anxiety related to workload, and/or frustration related to the peer worker role and function in their environment (Mukhtar & Fook, 2020). The normative commitment mindset of an employee accepts peer worker integration, but the lack of personal benefit within that acceptance solidifies the need for further exploration. Nevertheless, this mindset prompts a positive direction for an employee's commitment to change and an opportunity to cultivate improvement in an employee's behavioral support for peer worker integration (Feng et al., 2020).

Finding 2: Drug court employees who solely report they believe peer worker integration is personally beneficial are more likely to display a mindset that there is no other alternative but to go along with peer worker integration (continuance commitment).

This finding is derived from the results of answering RQ1. This finding suggests that early identification of readiness for change can provide insight into resisting factors associated with peer worker integration. Employees who solely report personal benefit, for instance, reveal a mindset that there is no alternative (continuance) but to go along with peer worker integration. This mindset can create barriers and challenges in the integration process.

As stated in the previous finding, personal benefit, while exploratory, implies that an employee does not feel threatened by the peer workforce, but there is also an inference that there is no perceived value associated with the peer worker integration. Ochuko and Ayo-Balogun (2020) specifically highlight in their study that employee commitment is important for change ease and quality. However, if employees in drug court settings do not value peer worker integration, there is a higher likelihood of unsuccessful outcomes. More importantly, employees who report a continuance commitment mindset while on the multidisciplinary team are

characterized as resistors of change, and if those resisting forces outweigh the driving forces, peer worker integration ease and quality are less likely to occur.

Identifying preconditions of commitment is crucial in creating awareness and becoming the means for disrupting the equilibrium. According to Schein (1999), employees must first admit to themselves and others that something is wrong or imperfect about the organization. This admission can be identified through employees' reporting a continuance mindset exhibiting resistance, which can predict a lower level of behavioral support for change.

Finding 3: A drug court employee's title or role within the multidisciplinary team, education level, and hours of peer worker interaction influence their readiness and commitment to change.

This finding is derived from the results of answering RQ2: H1 and H2. This finding suggests four important aspects of peer worker integration in terms of an employee's individual characteristics as it relates to readiness and commitment: (1) an employee's educational level reflects whether or not the employee believes that peer worker integration is appropriate; (2) an employee's educational level and title reflect whether or not the employee believes peer workers are a threat to them; (3) an employee's title reflects that the employee is committed because there is no other alternative; and (4) an employee's role within the multidisciplinary team along with the number of hours they interact with a peer supports their readiness and commitment to peer worker integration.

Peer workers bring diversity to the behavioral health arena; however, complexities still exist and even more so when peer worker integration is introduced in settings beyond the behavioral health setting—for instance, in drug courts. Complexities associated with the peer workforce, including job title, role, and function, can perpetuate the confusion as members of

drug court multidisciplinary teams sift through the many ways the peer workforce can and should be utilized. Studies indicate that workers represent diversity in terms of profession and are more inclined to demonstrate commitment to their colleagues, fueling substantial influence in social relationships in the workforce (Barrow et al., 2015; Teng & Yazdanifard, 2015; Seggewis et al., 2019). In addition, Nafei (2014) pointed out that employees are more comfortable with what they have learned or have grown to learn based on stereotypes and tend to maintain tradition of workforce disciplines.

Nefei's (2014) study also found that, among three groups of employees with different titles and educational levels (physicians, nurses, and administrative staff), each reported differences in their commitment to change. Seggewiss et al. (2019) support the notion that "employees turn to social cues when interpreting and making sense of new and uncertain change" (p. 123). More importantly, nonhierarchical team-based work is tied to professional identities and occupational boundaries, which can lead to conflicting differences or blurred roles when peer workers are introduced (Brown et al., 2000). Therefore, there is relevance in assessing profession and educational level when gauging employee readiness and commitment to peer worker integration in the context of drug courts and, more specifically, on multidisciplinary teams.

In the investigation of specific titles, this study found that treatment service providers reported greater overall readiness, whereas program coordinators reported greater overall commitment to peer worker integration compared to their justice counterparts. There are various factors that contribute to treatment service provider overall readiness, including their training on peer support in the behavioral health field and their experiences working with peer workers in traditional behavioral health settings. This finding is congruent with the work of Lee et al.

(2020), who called attention to the need for employer training in readiness to prepare the existing workforce for collaboration with the nontraditional workforce (i.e., peers) in terms of integration. Nonetheless, program coordinators who report higher levels of overall commitment rather than readiness prompt the need to explore precursors of commitment to determine whether or not commitment mindsets display a desire, obligation, or no other alternative in terms of peer worker integration. Consider the study of Seggewiss et al. (2019), which focused on employee commitment and readiness for targeted change. Their study found that workers who presented with higher commitment also had higher readiness for change. A possible interpretation of this finding is that program coordinators may be committed because of obligation or because they have no other alternative. Obligations include imposed new pressures such as voluntary/involuntary peer worker referral systems, whereas believing there are no other alternatives include grant requirements or feeling a sense of identity erosion or "meddling" in their criminal justice professional framework (Brown et al., 2000; King et al., 2018).

In discussing overall readiness for and commitment to change, Manchester et al. (2014) argues that resisters may be unsure of the value of new change and need to see demonstrations over time as a way to become more comfortable with change. This study supports Manchester et al.'s findings while yielding additional evidence of readiness. Overall, treatment service providers reported the highest level of peer worker interaction (more than three hours), while justice professionals reported the lowest level of peer worker interaction (never). Heroux et al. (2020) supports the notion that individuals perceive their immediate environment based on their interactions, which is consistent with treatment service providers' reporting a higher level of overall readiness. Simply stated, by increasing peer worker interaction, one can infer that there

will be an increase in overall readiness for peer worker integration, a precursor to commitment to peer worker integration.

Finding 4: Drug court employees' desire to support peer worker integration (affective commitment) indicates they are more likely to exhibit greater behavioral support for peer worker integration.

This finding is derived from the results of answering RQ3. Taken together, there is evidence that an employee's desire for peer worker integration is a driving force in predicting behavioral support for change in drug court settings. More importantly, an employee is more likely to go above and beyond in support of policies and staff knowledge and beliefs associated with peer worker integration if the employee reports a mindset of desire. For instance, employees are more likely to speak out in support of peer workers in legislative sessions (policy) and/or conduct a three-hour CEU training on the topic of peer workers (staff knowledge and beliefs). However, employees who feel an obligation toward peer worker integration or that there is no other alternative but to go along with peer worker integration are less likely to champion the integration process. Instead, employees will demonstrate cooperation (normative commitment) or compliance (continuance commitment) of peer worker integration. This is supported by Meyer et al.'s (2007) study of commitment, which found that commitment was a predictor of behavioral support. Similarly, Feng et al. (2020) found that commitment to change improves employees' change-supportive behavior and reduces resistance. Feng et al. pointed out that employees who exhibit high commitment will continue to support change, whereas employees who have low commitment will continue to resist change. Each of these influential studies supports this study's findings, providing supporting evidence that an employee's level of commitment is a key component in predicting behavioral support for peer worker integration.

Findings in Relation to the Conceptual Framework

Lewin's (1947) "unfreeze, change, refreeze" change model is a useful framework for assessing change within an organization and, more importantly, for assessing individual perception of a targeted change (p. 34). Lewin's model points out the "unfreezing" stage of change, emphasizing a need to identify driving and resisting forces, first by increasing awareness of current behavior (Heroux et al., 2020, p. 5). Moreover, by identifying driving and resisting forces, key elements can be targeted through various tools and methods of intervention, fueling a successful transition to what Lewin (1947) refers to as the "change" stage. Nonetheless, operationalizing early identification can come in many forms. In this study, operationalization was employed through individual readiness factors.

Readiness for change factors included change-specific efficacy (beliefs among employees that they are capable of implementing a proposed change), appropriateness (the proposed change is appropriate for the organization), management support (the leaders are committed to the proposed change), and personal valence (the proposed change is beneficial to organizational members) (Holt et al., 2007, p. 232). Assessing organizational readiness was critical in determining which individual factors were most significant for drug court employees to move from one stage to another (i.e., no other alternative, obligation, desire) in the commitment to change process. Preliminary findings suggest that the most influential factor associated with generating a mindset of desire and obligation in terms of commitment to change is an individual's perception of the change's appropriateness.

Employees who believe peer workers bring value to the drug court setting will evince positive participation in the integration process. For instance, an employee on the multidisciplinary team who exhibits high levels of appropriateness related to peer worker

integration will be more likely to cooperate and/or champion the change than one who exhibits low levels of appropriateness. This is an essential factor for interpreting an employee's perceived commitment to change. According to Lewin (1947), "any kind of group or individual action is regulated by circular causal processes of individual perception or fact-finding" (p. 13). Heroux et al. (2020) went even further and claimed that a person responds to change based on their direct perception." Supporting these claims, Lee et al.'s (2020) study of readiness and commitment to community health worker integration, a similar workforce to peer workers, found various levels of readiness between groups of employees, highlighting the need for interventions such as clearer training, knowledge associated with role delineation, clear expectations, and trust building as influential solutions to increase commitment to community health outreach worker integration. While readiness factors may be unique to workplace settings, the fundamental concept put forth by Lewin (1947) is to recognize current behavior, modify and adapt, and move employees through change and into the "refreeze" stage to ensure the targeted change becomes permanent practice (Burnes, 2004; Cummings & Worley, 2009; Heroux et al., 2020). Therefore, to recognize current behavior, deliberate assessment of drug court employees must include assessing their readiness as a precondition of their commitment to peer worker integration.

The three subsets of commitment to change desire (affective), perceived cost or no other alternative (continuance), and obligation (normative) were also assessed to determine an individual's commitment mindset as it relates to peer worker integration in drug courts. Assessing the commitment an employee has to the targeted change of peer worker integration provides insight into their behavior and how they may support or resist the process of peer worker integration. Employees who believe there is no other alternative but to go along with peer worker integration, for example, are more likely to exhibit compliant behavior. By exhibiting

compliant behavior, employees will not support the inclusion of the peer worker in policy changes and will not educate others on the value of peer support. Instead, employees will maintain the status quo through complacency (Lewin, 1947). Those employees who are committed to peer worker integration either through obligation or desire will go above and beyond the call of duty to ensure peer workers are integrated and represented in policy, while also educating other members of the group on the value of the peer workforce. Simply stated, appropriateness is a driving force in moving employees to an affective and normative commitment to change mindset, and the affective commitment mindset, specifically, is a driving force of championing behavioral support for change in terms of policy and staff knowledge and beliefs. As in previous studies conducted in a variety of organizational settings (Bing-You et al., 2014; Seyfried and Ansmann, 2018; Ochuko and Ayo-Balogun, 2020), the results of this analysis confirm that by focusing on the "unfreeze" stage of change, readiness for and commitment to change together can create systems of support for peer workers by predicting intentional and unintentional consequences of behavioral support for peer worker integration—thereby revealing driving and resisting forces and determining what type of interventions need to take place for peer worker integration sustainability and success.

Strengths and Limitations

This research focused on assessing employee readiness for and commitment to change in Maryland Drug Court settings. The strength of this study is that it is the first known research, to the best of the researcher's knowledge, that assesses employee readiness for and commitment to peer worker integration in Maryland Drug Courts. Bodies of literature have highlighted the impact of the peer worker as it relates to successful outcomes of the client/participant. However, studies have not focused specifically on the infrastructures peer workers are integrated into,

specifically focusing on the employees themselves nor their multidisciplinary roles. The instruments used in the study were validated in the context of individual readiness (Holt et al., 2007) and commitment (Herscovitch & Meyer, 2002) and have been utilized in a multitude for organizational settings.

There were limitations to this study, including non-probability sampling and, more specifically, convenience sampling, which posed challenges in self-selection bias of respondents who volunteered to participate (Creswell & Gutterman, 2019). There may also be limitations associated with self-reporting. Respondents were volunteering and may have been more likely to answer survey items with socially acceptable responses than their true perceptions of readiness for and commitment to change. For instance, program coordinators reported higher overall commitment to peer worker integration than other respondents but did not report higher overall readiness. Given the nature of the study and the multidisciplinary approach to collecting data, reported answers may have been exaggerated in terms of accurate self-assessment.

Geographic area may have been a differentiating factor for respondents. For instance, limited representativeness related to urban versus rural environments along with environmental protocols associated with COVID-19 restrictions may have hindered respondents. Additionally, personal bias based on profession may have been present. Treatment service providers and program coordinators, for instance, were more willing to report than state's attorneys and probation officers on the multidisciplinary teams.

Generalizability was also a limitation. The single research region (Maryland) may limit generalizability to other regions and drug courts in the United States because of the nature of the peer workforce infrastructure. The peer workforce in other states, for example, may be an ancillary service connected to a treatment provider, contracted by a drug court program through a

standalone recovery community organization, or hired as a staff member directly within the drug court setting. Finally, it is important to note the researcher's personal bias as a professional in the field of criminal justice and behavioral health. Personal limitations based on hunches, insights, and intuition may be present.

Recommendations for Practice and Future Research

Recommendations for Practice

Assessing factors of readiness and commitment to peer worker integration in drug court settings provided valuable insight into nontraditional infrastructures that utilize the peer workforce as a means for successful programmatic outcomes. More importantly, by focusing on the employees and their perception of peer worker integration, organizations have the ability to operationalize solutions of adaptation and modification in terms of behavioral support for peer workers that interact with multidisciplinary teams beyond traditional behavioral health settings. The results of this study suggest practical steps that drug courts can take to help peer workers work effectively within the multidisciplinary teams and offer suggestions for their seamless integration into drug court settings.

The first recommendation is that drug courts consider establishing initial and ongoing training for existing staff, including state attorneys, defense attorneys, probation officers, drug court coordinators, and treatment providers on the benefits of peer workers. This training could also take place for new employees entering the multidisciplinary team. Incorporating a pre-post evaluation of the training is also recommended to determine knowledge transfer, as employees are limited in their training of peer workers in terms of professional discipline, and for many, the peer workforce is a new and/or uncertain concept. Training should also include a focus on the purpose of the peer worker within the multidisciplinary team. This recommendation is based on

the finding that an employee's commitment to peer worker integration manifests based upon their perception of whether or not the peer workforce is appropriate and desired. Therefore, incorporating training is a plausible option to increase an employee's positive perception of the peer workers and desire to have them fully integrated into the multidisciplinary team.

The second recommendation is that drug courts strategically communicate the role and function of peer workers, emphasizing their responsibilities to the participants as well as to the multidisciplinary team as they navigate behavioral health, criminal justice, and community-based services. Ensuring the multidisciplinary team has a clear understanding of the peer worker's knowledge, skills, and abilities will enhance the relationship among all team members. Specific training may be needed for justice professionals who are less likely to be versed in the role and function of the peer workforce. Transparency in role delineation is crucial for employees and the peer workers and will increase trust, communication, and expectations of each team member. By assuming responsibility for employee training on the value, role, and function of peer workers, drug courts can improve perceptions of the peer workforce's appropriateness on the multidisciplinary team. The finding that an employee's educational level and title reflect whether the employee believes peer workers are a threat to them supports this recommendation. Employees may need a deeper level of understanding of the peer worker's role and function within the multidisciplinary team. Existing employees are constrained by their professional knowledge and may have misconceptions related to the peer workers and therefore may experience role ambiguity.

A third recommendation is for drug courts to establish a peer worker referral system in the early stages of the drug court participant's induction into drug court. Intentional referral systems will increase peer worker interaction with the multidisciplinary team, holding employees

accountable for linking participants to this valuable enhancement service. More importantly, adapting a workflow in terms of referral systems will increase collaboration between the peer worker and other members of the multidisciplinary team. The recommendation for a peer worker referral system is derived from the finding that the number of hours an employee interacts with a peer worker supports their readiness and commitment to peer worker integration. By building an organizational structure that incorporates a workflow, clearly defining and implementing processes, employees are more likely to hold each other accountable to intentional peer worker interaction.

Finally, drug courts should consider hiring peer workers directly rather than as an ancillary service. Whether peer workers are working directly for drug courts or as an ancillary service, drug courts must assess current policies and procedures and formally incorporate peer workers in the policies and procedures of drug courts; peer workers must have a voice in this process. After incorporating peer workers in policies and procedures, drug courts need to establish an evaluative process that includes peer workers in terms of outcome measures. Peer workers are frontline professionals and are closely involved with the participants. Therefore, it is imperative that they are included as a contributing factor in the successful outcomes of drug courts. This recommendation is based on cumulative findings that an employee's desire for peer worker integration is a driving force in predicting behavioral support, and an employee is more likely to go above and beyond in support of policies and staff knowledge and beliefs associated with peer worker integration if the employee reports a mindset of desire. By managing interpersonal conflict within the multidisciplinary team through the establishment of clear policies and practices, there is a higher likelihood that systems of support for peer workers will be instituted.

As drug courts begin to implement these recommendations into practice, employees must be attuned to the change process and more specifically to the "unfreeze" stage of change. Therefore, ongoing assessment of employees' readiness and commitment to peer worker integration is a key component as drug courts implement change associated with peer worker integration. The instruments used in this study for assessing individual readiness (Holt et al., 2007) and commitment (Herscovitch & Meyer, 2002) can be useful tools for this assessment process.

Recommendations for Future Research

Research on the peer workforce is growing rapidly, yet a majority of this research focuses on the impact of the workforce as it relates to participant engagement rather than the infrastructures peer workers are integrating into. A number of issues may therefore be addressed in future research that specifically focuses on the infrastructures surrounding the peer workforce. For instance, Mohammad and Mozhgan (2013) found that the unfreezing stage did not occur because focus was placed on the superstructure (organizational structure, human resources, and work process) of the organization rather than the hidden infrastructure (understanding, commitment, motivation, insight, and belief in the implementation). Therefore, examining infrastructures beyond the Maryland Drug Court as well as infrastructures both in and outside of the behavioral health arena where peer workers are utilized would provide more insight into readiness, commitment, and behavioral support of peer worker integration.

Additionally, this research included assumptions that, by increasing readiness in the context of appropriateness, employees were more likely to exhibit a desire and therefore champion peer worker integration. While this is a reasonable assumption, it is an empirical question that should be addressed in the future, perhaps through a longitudinal study that

incorporates pre-post testing, specifically targeting those constructs. Finally, employing a mixed methodology that includes the peer workers along with employees on the multidisciplinary team would be beneficial in capturing context surrounding the constructs of readiness and commitment to peer worker integration.

Conclusion

The purpose of this nonexperimental correlational study was to assess the relationship between multidisciplinary team members in Maryland Drug Courts and their readiness for and commitment to change in terms of peer worker integration within drug court settings. As traditional organizational settings continue to navigate the peer worker workforce, nontraditional settings like drug courts are met with higher levels of complexity. Multidisciplinary teams, for example, work from a cross-sectional perspective, collaborating and unifying behavioral health, criminal justice, and community-based services. However, when integrating peer workers into the drug court setting, employees exhibit both intentional and unintentional resistance due, in part, to role ambiguity, staff conflict, and unclear policies and practices.

The introduction of peer workers into drug court settings can either inhibit or strengthen programmatic outcomes. Yet, most current research fails to explore the organizational infrastructures to determine if the setting itself is supportive of the peer workforce. As peer workers openly share their lived experiences related to mental health, substance use, and justice involvement, studies have found that they become susceptible to stigma and discrimination in the workforce (Adams & Lincoln, 2019; Nieweglowski et al., 2019; Barrenger et al., 2019).

Change in any workforce setting can be difficult, and how employees perceive the integration of peer workers in the context of change management is relevant for peer worker integration to become permanent. A number of scholars have stressed the importance of early

identification of driving and resisting forces in the change process and that organizations must "unfreeze" the current state by identifying critical factors, including readiness for and commitment to change (Lewin, 1947; Manchester et al., 2014; Mohammad & Mozhgan, 2013; Heroux et al., 2020; Mukhtar & Fook, 2020). More importantly, evidence suggests that characteristics of readiness and commitment must be identified to mitigate barriers and challenges associated with resisting forces. Through this identification process, drug courts are capable of predicting the probability of behavior prior to, during, and after peer worker integration has occurred.

The results of this study demonstrate that readiness for change is a precursor of commitment to peer worker integration and that appropriateness and personal benefit are key readiness factors when assessing a drug court employee's commitment to peer worker integration. It also found that a mindset of desire or obligation prompts a positive direction for an employee's commitment to change and an opportunity to cultivate improvement in an employee's behavioral support for peer worker integration.

Similarly, employees who solely report personal benefit reveal a mindset that there is no alternative but to go along with peer worker integration, which can create barriers and challenges within the integration process. Furthermore, individual characteristics of the employees influence their readiness for and commitment to change. These characteristics include an employee's educational level, title, and the number of hours they interact with peer workers. This study also found that the predictive relationship between affective commitment (desire) and behavioral support for peer worker integration will most likely drive an employee to go above and beyond in support of policies and staff knowledge and beliefs in terms of peer worker integration in drug courts.

The findings of this study validate that readiness factors, including appropriateness and personal benefit, are precursors of commitment to peer worker integration and that commitment to change is a predicating factor of behavioral support for peer worker integration in drug courts. The study also contributes to research on the peer workforce by providing quantitative evidence to the field on the nontraditional organizational infrastructures that utilize peer support services and a better understanding of the impact employees have when integrating peer workers. As expected, readiness for and commitment to peer worker integration can identify driving and resisting forces in terms of behavioral support for peer worker integration in the "unfreeze" stage of change in drug courts. Therefore, by assessing employee readiness and commitment to peer worker integration, drug courts are able to provide a clearer picture of the multidisciplinary team's perception of peer workers and employ appropriate interventions that will support the peer workforce in becoming a permanent practice.

As a result of this study, further actions by Maryland's Office of Problem-Solving Courts are recommended to build on the work already done to increase employee readiness to and commitment for peer worker integration, sustain practices, and further understand the effect that employees have on peer workers. Further research is encouraged with regard to expanding both quantitative and qualitative understanding of the additional infrastructures surrounding the peer workforce in terms of readiness for and commitment to peer worker integration, as well as the need to study variables and impacts of employees associated with peer worker integration not included in this study.

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Appendix A: Participation Invitation Letter

Subject: Supporting Those We Serve: Participation Invitation Letter

Greetings,

Below you will find an invitation to participate in a doctoral research study being conducted by Brandee Izquierdo, a Doctoral Candidate with the University of Baltimore's College of Public Affairs. To note, Brandee is also a person in long-term recovery who has personally utilized our programs in her recovery journey and has benefited from the work we do, so let's do what we can to support her research.

Participation is voluntary and I ask that you disseminate it to all team members within your multidisciplinary court setting. This dissemination request includes judges, state's attorneys, defense attorneys, parole/probation officers, case managers, treatment providers, and program coordinators. Please emphasize to your team the importance of this research. Additionally, as the Program Director of the Office of Problem-Solving Courts, I have vetted and fully support this research study, which should only take about 10-15 minutes of your time.

Thank you in advance for your participation and valuing the advancement of research within our field.

Richard "Gray" Barton

RESEARCH PARTICIPATION REQUEST

Dear Colleague,

My name is Brandee Izquierdo, and I am a doctoral student at the University of Baltimore's College of Public Affairs. I am also a person in long-term recovery who has been supported by both the behavioral health and criminal justice system in Maryland. Directly speaking, I am a product of the work you do, and I am truly grateful for your service and willingness to give back.

I am kindly requesting your participation in a doctoral research study that I am conducting titled *Individual Readiness: Assessing Employee Commitment to Peer Worker Integration in Drug Court Settings*. The intention is to assess readiness for and commitment to change as Maryland expands peer worker integration within nontraditional behavioral health settings.

This study involves the completion of an online survey, which contains 63 total questions and will take approximately 10-15 minutes to complete. The results of the survey will help with peer workforce expansion, effectiveness and efficiency when working with peer workers, and will assist with identifying future needs associated with peer worker integration in non-traditional behavioral health settings. Additionally, this is a great way to contribute to the industry and ensure that a high workforce standard is maintained.

To participate in the survey, you must be 18 years of age or older and be assigned to work in a multidisciplinary team in a Maryland Problem-Solving Court and based in an adult court that serves individuals with substance use disorder.

Your participation will be kept confidential; your individual responses will not be linked to your name and will be reported in combination with those of other respondents. **The deadline to complete the survey is August 3, 2021.**

Participation is completely voluntary, and you may withdraw from the study at any time. The study is completely anonymous; therefore, it does not require you to provide your name or any other identifying information.

As an incentive, at the end of the survey, you will have an opportunity to enter into a raffle to win a $25 Amazon gift card. You can choose to enter into the raffle by voluntarily providing your email address strictly for the use of gift card dissemination. Your email addresses will not be linked to your survey responses. Your raffle entry response will be separated from your survey responses to maintain anonymity.

If you would like to participate in the study, **CLICK HERE**.

Thank you for your time and participation.

With Sincere Gratitude,

Brandee Izquierdo, MPA, CPRS
Doctoral Candidate, University of Baltimore

Note: This study has been approved by the University of Baltimore's Institutional Review Board for research studies (IRB# 292).

Appendix B: 63-Item Survey

Term of Reference: For statements/questions that reflect peer worker, a peer worker is defined as person who uses his or her lived experience of recovery from mental illness and/or substance use disorder, plus skills learned in formal training to deliver services in behavioral health settings to promote mind-body recovery and resilience.

Demographic Questionnaire
Please choose a response for each item:

Please type your age in years in the space below:

What is your gender?
- Female
- Male
- Transgender Female
- Transgender Male
- Gender Variant/Non-Conforming
- Prefer Not to Answer
- Not Listed (please specify)

Which race/ethnicity best describes you?
- American Indian or Alaskan Native
- Asian/Pacific Islander
- Black or African American
- Hispanic American
- White/Caucasian
- Multiple ethnicity/Other (please specify)

What is your highest level of formal education?
- Did Not Complete High School
- High School Diploma/GED
- Associate Degree
- Bachelor's Degree
- Master's Degree
- Doctorate/PhD

What Problem-Solving Court best describes your current court setting?
- Adult Drug Court - District
- Adult Drug Court - Circuit
- Family Drug Court
- Mental Health Court - District
- Mental Health Court - Circuit
- Veterans Court

What job title best describes your role within the court system setting?

- Judge
- State's Attorney/Prosecutor
- Public Defender/Defense Attorney
- Program Coordinator
- Case Manager
- Parole/Probation Officer
- Treatment Service Provider/Clinician
- Not Listed (please specify)

Please type how many years have you worked in the current court setting in the space below:

Please type how many years have you worked in total in a court setting in the space below:

Do you currently use a referral system to link peer support workers to participants?

- Yes
- No
- Not Sure
- Not Applicable

How often do you interact with a peer worker?

- Never
- 1-3 hours per week
- 4-6 hours per week
- 7-9 hours per week
- 10+ hours per week

Please rate your personal experience based on your interaction with a peer worker:

- 5 = Excellent
- 4= Very Good
- 3=Good
- 2= Fair
- 1=Poor
- Not Applicable

Have you received formal training on the peer worker role and function?

- never
- less than 3 hours
- between 3 hours and 7 hours
- more than 7 hours

Readiness for Change Survey Response Instructions:
We would like to understand your individual perceptions about the integration of peer workers in drug court settings. Peer worker integration for example, may be an ancillary service connected to a treatment provider, contracted by a drug court program through a standalone recovery community organization, or hired as a staff member directly within the drug court setting.

For each statement, click the appropriate selection that indicates the extent to which you agree the statement is true.

For statements that reflect leadership/top decision makers, please answer with respect to leadership/top decision makers within your assigned court setting.

Readiness for Organizational Change Scale							
	1 Strongly Disagree	2 Disagree	3 Somewhat Disagree	4 Neither Agree nor Disagree	5 Somewhat Agree	6 Agree	7 Strongly Agree

Appropriateness							
I think that the program will benefit from this change.							
It doesn't make much sense for us to initiate this change.							
There are legitimate reasons for us to make this change.							
This change will improve our program's overall efficiency.							
There are a number of rational reasons for this change to be made.							
In the long run, I feel it will be worthwhile for me if the program adopts this change.							
This change makes my job easier.							
When this change is implemented, I don't believe there is anything for me to gain.							
The time we are spending on this change should be spent on something else.							
This change matches the priorities of our program.							

Management Support							
Our senior leaders have encouraged all of us to embrace this change.							
Our program's top decision makers have put all their support behind this change effort.							
Every senior manager has stressed the importance of this change.							
This program's most senior leader is committed to this change.							
I think we are spending a lot of time on this change when the senior managers don't even want it implemented.							
Management has sent a clear signal this program is going to change.							

Change Efficacy							
I do not anticipate any problems adjusting to the work I will have when this change is adopted.							
There are some tasks that will be required when we change that I don't think I can do well.							
When we implement this change, I feel I can handle it with ease.							
I have the skills that are needed to make this change work.							
When I set my mind to it, I can learn everything that will be required when this change is adopted.							
My past experiences make me confident that I will be able to perform successfully after this change is made.							

Personally Beneficial							
I am worried I will lose some of my status in the program when this change is implemented.							
This change will disrupt many of the personal relationships I have developed.							
My future in this job will be limited because of this change.							

Commitment to Change Survey Response Instructions:
We would like to understand your individual perceptions about the integration of peer workers in drug court settings. Peer worker integration for example, may be an ancillary service connected to a treatment provider, contracted by a drug court program through a standalone recovery community organization, or hired as a staff member directly within the drug court setting.

For each statement, click the appropriate selection that indicates the extent to which you agree the statement is true.

For statements that reflect leadership/top decision makers, please answer with respect to leadership/top decision makers within your assigned court setting.

Commitment to Organizational Change Scale							
	1 Strongly Disagree	2 Disagree	3 Somewhat Disagree	4 Neither Agree nor Disagree	5 Somewhat Agree	6 Agree	7 Strongly Agree

Affective Commitment							
I believe in the value of this change.							
This change is a good strategy for this program.							
I think that management is making a mistake by introducing this change.							
This change serves an important purpose.							
Things would be better without this change.							
This change is not necessary.							

Continuance Commitment							
I have no choice but to go along with this change.							
I feel pressure to go along with this change.							
I have too much at stake to resist this change.							
It would be too costly for me to resist this change.							
It would be risky to speak out against this change.							
Resisting this change is not a viable option for me.							

Normative Commitment							
I feel a sense of duty to work toward this change.							
I do not think it would be right of me to oppose this change.							
I would not feel badly about opposing this change.							
It would be irresponsible of me to resist this change.							
I would feel guilty about opposing this change.							
I do not feel any obligation to support this change.							

Behavioral Support for Change Survey Response Instructions:

Based on the statements below regarding peer worker integration, please choose the BEST category that reflects your position. Peer worker integration for example, may be an ancillary service connected to a treatment provider, contracted by a drug court program through a standalone recovery community organization, or hired as a staff member directly within the drug court setting.

Behavioral Support for Change Scale			
	Reluctant to support	Prepared to make modest sacrifices to support	Willing to go above and beyond what is formally required to promote and support
Peer worker integration in court settings is something I am:			
Verbally speaking about peer worker integration in a legislative session is something I am:			
Including peer workers in the court's policy and procedures handbook is something I am:			
Directly hiring peer workers as full-time employees of the court staff is something I am:			
Developing a peer worker referral process for drug court participants is something I am:			
Including peer workers in court staffing meetings is something I am:			
Speaking up if I witness a peer worker being discriminated against is something I am:			
Conducting a 3-hour CEU educational workshop for team members on the role and function of the peer worker is something I am:			

Appendix C: Survey Permissions

Dr. Meyer's Commitment to Organizational Change Scale

Re: Request for Permission: Commitment to Organizational Change Scale

From: John Peter Meyer <meyer@uwo.ca>
Sent: Saturday, April 24, 2021 8:01:58 AM
To: Brandee Izquierdo <brandee.izquierdo@ubalt.edu>
Subject: RE: Request for Permission: Commitment to Organizational Change Scale

EXTERNAL EMAIL

Hello Brandee,

You are welcome to use our commitment to change scales for academic research purposes. I hope all goes well with your research.

Best regards,
John Meyer

From: Brandee Izquierdo <brandee.izquierdo@ubalt.edu>
Sent: April 23, 2021 2:54 PM
To: John Peter Meyer <meyer@uwo.ca>
Subject: Request for Permission: Commitment to Organizational Change Scale

Greetings Dr. Meyer,

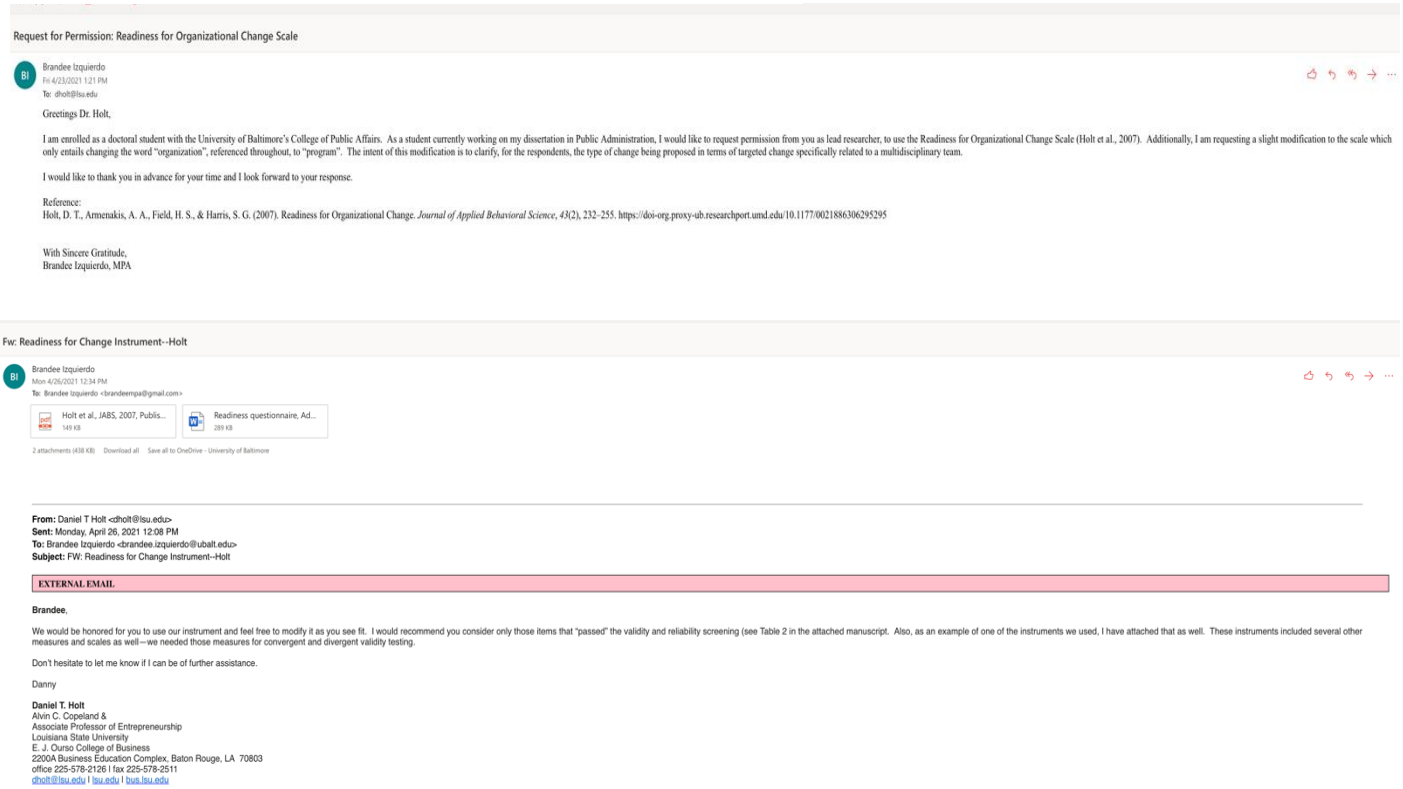
I am enrolled as a doctoral student with the University of Baltimore's College of Public Affairs. As a student currently working on my dissertation in Public Administration, I would like to request permission from you as coauthor, to use the Commitment to Organizational Change Scale (Herscovitch and Meyer, 2002). Just to note, I have tried to track down Dr. Herscovitch but have not been successful in finding her contact information. Additionally, I am requesting a slight modification to the scale which only entails changing the word "organization", referenced throughout, to "program". The intent of this modification is to clarify, for the respondents, the type of change being proposed in terms of targeted change specifically related to a multidisciplinary team.

I would like to thank you in advance for your time and I look forward to your response.

Reference:
Herscovitch, L., & Meyer, J. P. (2002). Commitment to organizational change: Extension of a three-component model. *Journal of Applied Psychology*, *87*(3), 474–487. https://doi-org.proxy-ub.researchport.umd.edu/10.1037/0021-9010.87.3.474

With Sincere Gratitude,
Brandee Izquierdo, MPA

Dr. Holt's Readiness for Organizational Change Scale



Request for Permission: Readiness for Organizational Change Scale

Brandee Izquierdo
Fri 4/23/2021 1:21 PM
To: dholt@lsu.edu

Greetings Dr. Holt,

I am enrolled as a doctoral student with the University of Baltimore's College of Public Affairs. As a student currently working on my dissertation in Public Administration, I would like to request permission from you as lead researcher, to use the Readiness for Organizational Change Scale (Holt et al., 2007). Additionally, I am requesting a slight modification to the scale which only entails changing the word "organization", referenced throughout, to "program". The intent of this modification is to clarify, for the respondents, the type of change being proposed in terms of targeted change specifically related to a multidisciplinary team.

I would like to thank you in advance for your time and I look forward to your response.

Reference:
Holt, D. T., Armenakis, A. A., Field, H. S., & Harris, S. G. (2007). Readiness for Organizational Change. *Journal of Applied Behavioral Science*, *43*(2), 232–255. https://doi-org.proxy-ub.researchport.umd.edu/10.1177/0021886306295295

With Sincere Gratitude,
Brandee Izquierdo, MPA

Fw: Readiness for Change Instrument--Holt

Brandee Izquierdo
Mon 4/26/2021 12:34 PM
To: Brandee Izquierdo <brandeempa@gmail.com>

Holt et al., JABS, 2007, Publis... 149 KB
Readiness questionnaire, Ad... 289 KB
2 attachments (438 KB) Download all Save all to OneDrive - University of Baltimore

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From: Daniel T Holt <dholt@lsu.edu>
Sent: Monday, April 26, 2021 12:08 PM
To: Brandee Izquierdo <brandee.izquierdo@ubalt.edu>
Subject: FW: Readiness for Change Instrument--Holt

EXTERNAL EMAIL

Brandee,

We would be honored for you to use our instrument and feel free to modify it as you see fit. I would recommend you consider only those items that "passed" the validity and reliability screening (see Table 2 in the attached manuscript. Also, as an example of one of the instruments we used, I have attached that as well. These instruments included several other measures and scales as well—we needed those measures for convergent and divergent validity testing.

Don't hesitate to let me know if I can be of further assistance.

Danny

Daniel T. Holt
Alvin C. Copeland &
Associate Professor of Entrepreneurship
Louisiana State University
E. J. Ourso College of Business
2200A Business Education Complex, Baton Rouge, LA 70803
office 225-578-2126 | fax 225-578-2511
dholt@lsu.edu | lsu.edu | bus.lsu.edu

Appendix D: Informed Consent

TITLE OF STUDY:
Readiness for Change: Assessing Employee Commitment to Peer Worker Integration in Drug Court Settings

PRINCIPAL INVESTIGATOR:
Brandee Izquierdo, MPA

STUDY PURPOSE/SUMMARY:
Given the complex nature of the criminal justice system in the United States, the integration of peer recovery support services into drug court programs has proven to be a difficult change for Maryland Drug Court programs. Therefore, the purpose of this study is to assess employees' readiness and perceived commitment to peer worker integration in Maryland Drug Court settings.

I am being asked to participate in a study for the purpose of assessing readiness for and commitment to change as Maryland expands peer worker integration within non-traditional behavioral health settings. I am being asked to volunteer because of my workplace affiliation as a member of a multidisciplinary team member within a Maryland court setting. My involvement in this study will begin when I agree to participate and will continue through the survey completion if I select to participate.

PROCEDURES:
As a participant in this study, I will be asked to provide responses to ten (12) researcher-created demographic questions and fifty-one (51) forced-response survey questions beginning with readiness for change, moving to commitment to change, and ending with researcher-created behavioral support for change survey responses. All data will be collected through Survey Monkey. My participation in this study will last for ten (10) to fifteen (15) minutes. No personal identifying information will be recorded with survey responses to the questions and questions will not affect my employability.

CONFIDENTIALITY:
Data will be anonymous. Any information learned and collected from this study in which I might be identified will remain confidential and will be disclosed ONLY if I give permission.

Only the investigator and members of the study team will have access to records. If information learned from this study is published, I will not be identified by name. To ensure confidentiality, if identifiers are present, code numbers and keys linking data with particular identifiers will be created and destroyed when data analysis is completed. If keys linking data are used, the key of the coding system will be limited and data will be secured separately from the data key. Keys of the coding system and data will be stored either in a locked file cabinet in a locked room or on a

password protected electronic device. The researchers will also destroy the key once it is no longer needed as an added protection.

Primary data will be stored on a password protected hard drive computer and thumb drives will not be used. Data will be coded through SPSS version 26. SPSS will generate a variable named ID that will contain a unique identifier for each case in the data view. Data will be maintained throughout the duration of the study and all information collected from me individually may be used by current and future researchers in such a fashion that my personal identity will be protected. Such use will include sharing anonymous and aggregate information with other researchers for checking the accuracy of study findings and for future approved research that has the potential for improving human knowledge.

Survey Monkey Advantage with SSL encryption will be used for data collection. All respondents' information is securely stored in Survey Monkey's SOC 2 accredited data centers that adhere to security and technical best practices. Consent language will present on the first page of the survey. In addition to the consent language, the survey will indicate that proceeding to the first page of the survey represents consent to participate in the research. All data will be destroyed at the end of the study with all identifiers removed.

POTENTIAL BENEFITS:
There are no direct benefits for participating in this study. However, this research will help with peer workforce expansion, effectiveness and efficiency when working with peer workers, and will assist with identifying future needs associated with peer worker integration in non-traditional behavioral health settings. Additionally, this research will contribute to the industry and ensure that a high workforce standard is maintained.

POTENTIAL RISKS AND DISCOMFORTS:
There are no known risks for my participation in this study.

COMPENSATION:
As a participant, I will have an opportunity to enter into a raffle to win one of four $25 Amazon gift cards. If I choose to enter the raffle, I will voluntarily provide my email address strictly for the use of gift card dissemination. My email address will be stored separately to remove unique identifiable information from the survey responses, will be stored on a password protected hard drive computer, and will be destroyed once the raffle is completed.

VOLUNTARY PARTICIPATION:
I have been informed that my participation is completely voluntary. I can withdraw from the study at any time. I do not have to answer any questions that I do not want to answer. If I choose not to participate, there will be no penalty or loss of any benefits for not participating.

WHO TO CONTACT WITH QUESTIONS?
If you should have any questions about the research, please feel free to call or email the Principal Investigator, Brandee Izquierdo at [redacted], or Faculty Sponsor, Heather Wyatt-Nichol at [redacted]

If you have questions regarding your rights as a research subject, or if problems arise which you do not feel you can discuss with the Investigator, please contact the UB Institutional Review Board at: irb@ubalt.edu [redacted]

SUMMARY:

I understand the information that was presented and that:
I am 18 and older and my participation is voluntary.
Refusal to participate will involve no penalty or loss of benefits to which I am otherwise entitled.
I may discontinue participation at any time without penalty or loss of benefits.
I hereby give my consent to be the subject of the research.

Web Survey: Statement of Consent
I have read the above information. I feel I understand the study well enough to make a decision about my involvement. By clicking below, I understand and agree to the terms described above. Please indicate your consent by clicking below.

To Enter Survey, CLICK HERE

If applicable, I give permission to audiotape or videotaping my interview. Yes__ No___

Name (please print): _____

Signature: _____Date: _____

Interviewer Name (please print) _____

Signature_____ Date:_____

Appendix E: Participation Invitation Reminder

Subject: REMINDER: RESEARCH PARTICIPATION REQUEST

Dear Colleague,

This is just a friendly reminder regarding your participation in a doctoral research study that I am conducting titled *Individual Readiness: Assessing Employee Commitment to Peer Worker Integration in Drug Court Settings*.

You may have already received an email inviting you to participate in this survey. If you have already completed the survey, please accept my thanks, and delete this email as no further involvement is required. If you have not completed the survey, please take the time to consider helping with this important research and supporting my efforts as a person in long-term recovery who has benefited from the work you do.

The intention of this study is to assess readiness for and commitment to change as Maryland expands peer worker integration within non-traditional behavioral health settings.

This study involves the completion of an online survey, which contains 63 total questions and will take approximately 10-15 minutes to complete. The results of the survey will help with peer workforce expansion, effectiveness and efficiency when working with peer workers, and will assist with identifying future needs associated with peer worker integration in non-traditional behavioral health settings. Additionally, this is a great way to contribute to the industry and ensure that a high workforce standard is maintained.

To participate in the survey, you must be 18 years of age or older, be assigned to work in a multidisciplinary team in a Maryland Problem-Solving Court and based in an adult court that serves individuals with substance use disorder.

Your participation will be kept confidential; your individual responses will not be linked to your name and will be reported in combination with those of other respondents. **The deadline to complete the survey is August 3, 2021.**

Participation is completely voluntary, and you may withdraw from the study at any time. The study is completely anonymous; therefore, it does not require you to provide your name or any other identifying information.

As an incentive, at the end of the survey, you will have an opportunity to enter into a raffle to win a $25 Amazon gift card. You can choose to enter the raffle by voluntarily providing your email address strictly for the use of gift card dissemination. Your email addresses will not be linked to your survey responses. Your raffle entry response will be separated from your survey responses to maintain anonymity.

If you would like to participate in the study, **CLICK HERE**.

Thank you for your time and participation.

With Sincere Gratitude,
Brandee Izquierdo, MPA, CPRS
Doctoral Candidate, University of Baltimore

Note: This study has been approved by the University of Baltimore's Institutional Review Board for research studies (IRB# 292).

Appendix F: Survey Extension: Participation Invitation Reminder

Subject: TIME SENSITIVE – Research Participation Request Extended

Note: *Please forward this email to all team members in your multidisciplinary court setting. This email dissemination request includes judges, state's attorneys, defense attorneys, parole/probation officers, case managers, treatment providers, and program coordinators. Please emphasize to your team the importance of this research.*

Dear Colleague,

Please take the time to consider helping with this important research and supporting my efforts as a person in long-term recovery who has benefited from the work you do. You may have already received an email inviting you to participate in this survey. If you have already completed the survey, please accept my sincere gratitude, and delete this email as no further involvement is required.

The survey "open period" has been extended, and I am looking for your valuable input and participation in this doctoral research study that I am conducting titled *Individual Readiness: Assessing Employee Commitment to Peer Worker Integration in Drug Court Settings*.

The intention of this study is to assess readiness for and commitment to change as Maryland expands peer worker integration within non-traditional behavioral health settings.

This study involves the completion of an online survey, which contains 63 total questions and will take approximately 10-15 minutes to complete. The results of the survey will help with peer workforce expansion, effectiveness and efficiency when working with peer workers, and will assist with identifying future needs associated with peer worker integration in non-traditional behavioral health settings. Additionally, this is a great way to contribute to the industry and ensure that a high workforce standard is maintained.

To participate in the survey, you must be 18 years of age or older, be assigned to work in a multidisciplinary team in a Maryland Problem-Solving Court, and be based in an adult court that serves individuals with substance use disorder. **This includes, mental health courts, family courts, and veteran courts in addition to adult drug courts.**

Your participation will be kept confidential; your individual responses will not be linked to your name and will be reported in combination with those of other respondents. **The deadline to complete the survey is August 31, 2021.**

Participation is completely voluntary, and you may withdraw from the study at any time. The study is completely anonymous; therefore, it does not require you to provide your name or any other identifying information.

As an incentive, at the end of the survey, you will have an opportunity to enter into a raffle to win a $25 Amazon gift card. You can choose to enter the raffle by voluntarily providing your email address strictly for the use of gift card dissemination. Your email addresses will not be linked to your survey responses. Your raffle entry response will be separated from your survey responses to maintain anonymity.

If you would like to participate in the study, **CLICK HERE**.

Thank you for your time and participation.

With Sincere Gratitude,
Brandee Izquierdo, MPA, CPRS
Doctoral Candidate, University of Baltimore

Note: This study has been approved by the University of Baltimore's Institutional Review Board for research studies (IRB# 292).

Appendix G: Paper Form: Mail-In Participation Invitation

Subject: TIME SENSITIVE – Research Participation Request

Dear Program Coordinator,

Please consider disseminating this research survey to your multidisciplinary team during your weekly, bi-weekly, or monthly drug court staffing meetings. To participate in the survey, participants must be 18 years of age or older, be assigned to work in a multidisciplinary team in a Maryland Problem-Solving Court, and be based in an adult court that serves individuals with substance use disorder. **This includes mental health courts, family courts, and veteran courts in addition to adult drug courts.**

The deadline to complete the survey is August 31, 2021. Surveys must be postmarked by August 31, 2021.

Note: Dissemination request includes judges, state's attorneys, defense attorneys, parole/probation officers, case managers, treatment providers, and program coordinators. Please emphasize to your team the importance of this research.

There are 10 survey packets per program for dissemination along with 10 self-addressed stamped envelopes per program.

With Sincere Gratitude,

Brandee M Izquierdo

Brandee Izquierdo, MPA, CPRS
Doctoral Candidate, University of Baltimore

FOR TEAM DISSEMINATION (10 packets per court setting)

Subject: TIME SENSITIVE – Research Participation Request

Dear Colleague,

Please take the time to consider helping with this important research and supporting my efforts as a person in long-term recovery who has benefited from the work you do.

You may have already received an email inviting you to participate in this survey. If you have already completed the online survey, please accept my sincere gratitude as no further involvement is required.

The survey "open period" has been extended, and I am looking for your valuable input and participation in this doctoral research study that I am conducting titled *Individual Readiness: Assessing Employee Commitment to Peer Worker Integration in Drug Court Settings*.

The intention of this study is to assess readiness for and commitment to change as Maryland expands peer worker integration within non-traditional behavioral health settings.

This study involves the completion of the enclosed survey, which contains 63 total questions and will take approximately 10-15 minutes to complete. The results of the survey will help with peer workforce expansion, effectiveness and efficiency when working with peer workers, and will assist with identifying future needs associated with peer worker integration in non-traditional behavioral health settings. Additionally, this is a great way to contribute to the industry and ensure that a high workforce standard is maintained.

To participate in the survey, you must be 18 years of age or older, be assigned to work in a multidisciplinary team in a Maryland Problem-Solving Court, and be based in an adult court that serves individuals with substance use disorder. **This includes mental health courts, family courts, and veteran courts in addition to adult drug courts.**

Your participation will be kept confidential; your individual responses will not be linked to your name and will be reported in combination with those of other respondents. **The deadline to complete the survey is August 31, 2021.**

Participation is completely voluntary, and you may withdraw from the study at any time. The study is completely anonymous; therefore, it does not require you to provide your name or any other identifying information.

As an incentive, at the end of the survey, you will have an opportunity to enter into a raffle to win a $25 Amazon gift card. You can choose to enter the raffle by voluntarily providing your email address strictly for the use of gift card dissemination. Your email addresses will not be linked to your survey responses. Your raffle entry response will be separated from your survey responses to maintain anonymity.

Enclosed you will find a paper version of the survey for your convenience. Included with the paper version, you will find a consent form, and a separate form if you would like to enter the voluntary raffle referenced above. Additionally, you will find a self-addressed stamped envelope. Once all forms have been completed, please put them in the self-addressed stamped envelope and drop the envelope in any USPS mailbox. **Survey responses must be postmarked by the close of the survey, August 31, 2021**.

If you would like to participate in the study electronically, the survey can be found here: https://www.surveymonkey.com/r/UniversityOfBaltimore_DPA

Or simply scan this QR Code which will take you directly to the survey on your mobile device.

Thank you for your time and participation.

With Sincere Gratitude,

Brandee M Izquierdo

Brandee Izquierdo, MPA, CPRS
Doctoral Candidate, University of Baltimore

Note: This study has been approved by the University of Baltimore's Institutional Review Board for research studies (IRB# 292).

Informed Consent

TITLE OF STUDY:
Readiness for Change: Assessing Employee Commitment to Peer Worker Integration in Drug Court Settings

PRINCIPAL INVESTIGATOR:
Brandee Izquierdo, MPA

STUDY PURPOSE/SUMMARY:
Given the complex nature of the criminal justice system in the United States, the integration of peer recovery support services into drug court programs has proven to be a difficult change for Maryland Drug Court programs. Therefore, the purpose of this study is to assess employees' readiness and perceived commitment to peer worker integration in Maryland Drug Court settings.

I am being asked to participate in a study for the purpose of assessing readiness for and commitment to change as Maryland expands peer worker integration within non-traditional behavioral health settings. I am being asked to volunteer because of my workplace affiliation as a member of a multidisciplinary team member within a Maryland court setting. My involvement in this study will begin when I agree to participate and will continue through the survey completion if I select to participate.

PROCEDURES:
As a participant in this study, I will be asked to provide responses to twelve (12) researcher-created demographic questions and fifty-one (51) forced-response survey questions beginning with readiness for change, moving to commitment to change, and ending with researcher-created behavioral support for change survey responses. All data will be collected through Survey Monkey. My participation in this study will last for ten (10) to fifteen (15) minutes. No personal identifying information will be recorded with survey responses to the questions and questions will not affect my employability.

CONFIDENTIALITY:
Data will be anonymous. Any information learned and collected from this study in which I might be identified will remain confidential and will be disclosed ONLY if I give permission.

Only the investigator and members of the study team will have access to records. If information learned from this study is published, I will not be identified by name. To ensure confidentiality, if identifiers are present, code numbers and keys linking data with particular identifiers will be created and destroyed when data analysis is completed. If keys linking data are used, the key of the coding system will be limited and data will be secured separately from the data key. Keys of the coding system and data will be stored either in a locked file cabinet in a locked room or on a password protected electronic device. The researchers will also destroy the key once it is no longer needed as an added protection.

Primary data will be stored on a password-protected hard drive computer and thumb drives will not be used. Data will be coded through SPSS version 26. SPSS will generate a variable named ID that will contain a unique identifier for each case in the data view. Data will be maintained throughout the duration of the study and all information collected from me individually may be used by current and future researchers in such a fashion that my personal identity will be protected. Such use will include sharing anonymous and aggregate information with other researchers for checking the accuracy of study findings and for future approved research that has the potential for improving human knowledge.

Survey Monkey Advantage with SSL encryption will be used for data collection. All respondents' information is securely stored in Survey Monkey's SOC 2 accredited data centers that adhere to security and technical best practices. Consent language will present on the first page of the survey. In addition to the consent language, the survey will indicate that proceeding to the first page of the survey represents consent to participate in the research. All data will be destroyed at the end of the study with all identifiers removed.

POTENTIAL BENEFITS:
There are no direct benefits for participating in this study. However, this research will help with peer workforce expansion, effectiveness and efficiency when working with peer workers, and will assist with identifying future needs associated with peer worker integration in non-traditional behavioral health settings. Additionally, this research will contribute to the industry and ensure that a high workforce standard is maintained.

POTENTIAL RISKS AND DISCOMFORTS:
There are no known risks for my participation in this study.

COMPENSATION:
As a participant, I will have an opportunity to enter into a raffle to win one of four $25 Amazon gift cards. If I choose to enter the raffle, I will voluntarily provide my email address strictly for the use of gift card dissemination. My email address will be stored separately to remove unique identifiable information from the survey responses, will be stored on a password-protected hard drive computer, and will be destroyed once the raffle is completed.

VOLUNTARY PARTICIPATION:
I have been informed that my participation is completely voluntary. I can withdraw from the study at any time. I do not have to answer any questions that I do not want to answer. If I choose not to participate, there will be no penalty or loss of any benefits for not participating.

WHO TO CONTACT WITH QUESTIONS?
If you should have any questions about the research, please feel free to call or email the Principal Investigator, Brandee Izquierdo at [redacted], or Faculty Sponsor, Heather Wyatt-Nichol at [redacted]

If you have questions regarding your rights as a research subject, or if problems arise which you do not feel you can discuss with the Investigator, please contact the UB Institutional Review Board at: [redacted]

SUMMARY:

I understand the information that was presented and that:
I am 18 and older and my participation is voluntary.
Refusal to participate will involve no penalty or loss of benefits to which I am otherwise entitled.
I may discontinue participation at any time without penalty or loss of benefits.
I hereby give my consent to be the subject of the research.

Name (please print): _____

Signature: _____Date: _____

Eligibility Criteria

Are you 18 years of age or older:

- Yes
- No

Are you assigned to work in a multidisciplinary team in a Maryland Problem-Solving Court?

- Yes
- No

Are you based in adult courts that serve individuals with substance use disorder?

- Yes
- No

If you answered NO to any questions above (1-3), you are ineligible to participate in the survey.

Are you assigned to work in a court that serves individuals under the age of 18, including Juvenile Drug Court and Truancy Reduction Court?

- Yes
- No

Are you based in Talbot County's Re-Entry Court or Prince George's Re-entry/Back on Track Courts?

- Yes
- No

If you answered YES to any of the questions above (4-5), you are ineligible to participate in the survey.

63-Item Survey

Term of Reference: For statements/questions that reflect peer worker, a peer worker is defined as person who uses his or her lived experience of recovery from mental illness and/or substance use disorder, plus skills learned in formal training to deliver services in behavioral health settings to promote mind-body recovery and resilience.

Demographic Questionnaire

Please choose a response for each item:

Please write your age in years in the space below:

What is your gender?

- Female
- Male
- Transgender Female
- Transgender Male
- Gender Variant/Non-Conforming
- Prefer Not to Answer
- Not Listed (please specify)

Which race/ethnicity best describes you?

- American Indian or Alaskan Native
- Asian/Pacific Islander
- Black or African American
- Hispanic American
- White/Caucasian
- Multiple ethnicity/Other (please specify)

What is your highest level of formal education?

- Did Not Complete High School
- High School Diploma/GED
- Associate Degree
- Bachelor's Degree
- Master's Degree
- Doctorate/PhD

What Problem-Solving Court best describes your current court setting?

- Adult Drug Court - District
- Adult Drug Court - Circuit
- Family Drug Court
- Mental Health Court - District
- Mental Health Court - Circuit
- Veterans Court

What job title best describes your role within the court system setting?

- Judge
- State's Attorney/Prosecutor
- Public Defender/Defense Attorney
- Program Coordinator
- Case Manager
- Parole/Probation Officer
- Treatment Service Provider/Clinician
- Not Listed (please specify)

Please write how many years have you worked in the current court setting in the space below:

Please write how many years have you worked in total in a court setting in the space below:

Do you currently use a referral system to link peer support workers to participants?

- Yes
- No
- Not Sure
- Not Applicable

How often do you interact with a peer worker?

- Never
- 1-3 hours per week
- 4-6 hours per week
- 7-9 hours per week
- 10+ hours per week

Please rate your personal experience based on your interaction with a peer worker

- 5 = Excellent
- 4 = Very Good
- 3 = Good
- 2 = Fair
- 1 = Poor
- Not Applicable

Have you received formal training on the peer worker role and function?

- never
- less than 3 hours
- between 3 hours and 7 hours
- more than 7 hours

Readiness for Change Survey Response Instructions:

We would like to understand your individual perceptions about the integration of peer workers in drug court settings. Peer worker integration for example, may be an ancillary service connected to a treatment provider, contracted by a drug court program through a standalone recovery community organization, or hired as a staff member directly within the drug court setting.

For each statement, mark the appropriate selection that indicates the extent to which you agree the statement is true.

For statements that reflect leadership/top decision makers, please answer with respect to leadership/top decision makers within your assigned court setting.

Readiness for Organizational Change Scale							
	1=Strongly Disagree	2=Disagree	3=Somewhat Disagree	4=Neither Agree nor Disagree	5=Somewhat Agree	6=Agree	7=Strongly Agree

Appropriateness							
I think that the program will benefit from this change.							
It doesn't make much sense for us to initiate this change.							
There are legitimate reasons for us to make this change.							
This change will improve our program's overall efficiency.							
There are a number of rational reasons for this change to be made.							
In the long run, I feel it will be worthwhile for me if the program adopts this change.							
This change makes my job easier.							
When this change is implemented, I don't believe there is anything for me to gain.							
The time we are spending on this change should be spent on something else.							
This change matches the priorities of our program.							

Management Support							
Our senior leaders have encouraged all of us to embrace this change.							
Our program's top decision makers have put all their support behind this change effort.							
Every senior manager has stressed the importance of this change.							
This program's most senior leader is committed to this change.							
I think we are spending a lot of time on this change when the senior managers don't even want it implemented.							
Management has sent a clear signal this program is going to change.							

Change Efficacy							
I do not anticipate any problems adjusting to the work I will have when this change is adopted.							
There are some tasks that will be required when we change that I don't think I can do well.							
When we implement this change, I feel I can handle it with ease.							
I have the skills that are needed to make this change work.							
When I set my mind to it, I can learn everything that will be required when this change is adopted.							
My past experiences make me confident that I will be able to perform successfully after this change is made.							
Personally Beneficial							
I am worried I will lose some of my status in the program when this change is implemented.							

This change will disrupt many of the personal relationships I have developed.							
My future in this job will be limited because of this change.							

Commitment to Change Survey Response Instructions:

We would like to understand your individual perceptions about the integration of peer workers in drug court settings. Peer worker integration for example, may be an ancillary service connected to a treatment provider, contracted by a drug court program through a standalone recovery community organization, or hired as a staff member directly within the drug court setting.

For each statement, mark the appropriate selection that indicates the extent to which you agree the statement is true.

For statements that reflect leadership/top decision makers, please answer with respect to leadership/top decision makers within your assigned court setting.

Commitment to Organizational Change Scale							
	1= Strongly Disagree	2= Disagree	3= Somewhat Disagree	4= Neither Agree nor Disagree	5= Somewhat Agree	6= Agree	7= Strongly Agree

Affective Commitment							
I believe in the value of this change.							
This change is a good strategy for this program.							
I think that management is making a mistake by introducing this change.							
This change serves an important purpose.							
Things would be better without this change.							
This change is not necessary.							

Continuance Commitment							
I have no choice but to go along with this change.							
I feel pressure to go along with this change.							
I have too much at stake to resist this change.							
It would be too costly for me to resist this change.							
It would be risky to speak out against this change.							
Resisting this change is not a viable option for me.							

Normative Commitment							
I feel a sense of duty to work toward this change.							
I do not think it would be right of me to oppose this change.							
I would not feel badly about opposing this change.							
It would be irresponsible of me to resist this change.							
I would feel guilty about opposing this change.							
I do not feel any obligation to support this change.							

Behavioral Support for Change Survey Response Instructions:

Based on the statements below regarding peer worker integration, please choose and mark the BEST category that reflects your position. Peer worker integration for example, may be an ancillary service connected to a treatment provider, contracted by a drug court program through a standalone recovery community organization, or hired as a staff member directly within the drug court setting.

Behavioral Support for Change Scale			
	Reluctant to support	Prepared to make modest sacrifices to support	Willing to go above and beyond what is formally required to promote and support
Peer worker integration in court settings is something I am:			
Verbally speaking about peer worker integration in a legislative session is something I am:			
Including peer workers in the courts policy and procedures handbook in something I am:			
Directly hiring peer workers as full-time employees of the court staff is something I am:			
Developing a peer worker referral process for drug court participants is something I am:			
Including peer workers in court staffing meetings is something I am:			
Speaking up if I witness a peer worker being discriminated against is something I am:			
Conducting a 3-hour CEU educational workshop for team members on the role and function of the peer worker is something I am:			

Thank you for your participation. We appreciate your feedback.

Please put completed forms (consent form, survey form, and compensation form), in the self-addressed stamped envelope, seal the envelope and drop the envelope in any USPS mailbox.

Survey must be postmarked by August 31, 2021.

Incentive: Voluntary Raffle Entry Form

Compensation:

As a participant, you have an opportunity to enter into a raffle to win one of four $25 Amazon gift cards. If you choose to enter the raffle, you will voluntarily provide address email address strictly for the use of gift card dissemination. Your email address will be stored separately to remove

unique identifiable information from the survey responses, will be stored on a password-protected hard drive computer, and will be destroyed once the raffle is completed.

To enter the raffle, please provide your email address below:

_____

Appendix H: Thank You for Your Participation

THANK YOU FOR YOUR PARTICIPATION

Dear Colleague,

Please pass this email along to all team members within your multidisciplinary court setting.

I would like to extend my deepest gratitude to all who participated in my doctoral research study titled *Individual Readiness: Assessing Employee Commitment to Peer Worker Integration in Drug Court Settings*. The survey has officially closed.

In addition, if you participated in the incentive portion of the survey, the winners will be chosen within two weeks and notified via email. A link to the $25 Amazon gift card will be included in the email notification.

With Sincere Gratitude,
Brandee Izquierdo, MPA, CPRS
Doctoral Candidate, University of Baltimore

Note: This study has been approved by the University of Baltimore's Institutional Review Board for research studies (IRB# 292).

Appendix I: Congratulations (Survey Incentive Winner)

CONGRATULATIONS: $25 AMAZON GIFT CARD

Dear Colleague,

I would like to congratulate you as a winner of a $25 Amazon Gift Card! This gift card is being issued as an incentive for participating in my doctoral research study titled *Individual Readiness: Assessing Employee Commitment to Peer Worker Integration in Drug Court Settings*.

Thank you again for your support! You will receive your gift card in a separate link directly from Amazon.

With Sincere Gratitude,
Brandee Izquierdo, MPA, CPRS
Doctoral Candidate, University of Baltimore

Note: This study has been approved by the University of Baltimore's Institutional Review Board for research studies (IRB# 292).