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Moving Parts and Balancing Acts: Building and Maintaining a Collaborative Community-Based Research Partnership in Detroit

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This paper describes the process of developing a research proposal for submission to the National Institutes of Health (NIH) in collaboration with an urban public health agency. Two university-based researchers from different social science disciplines, each with previous experience in substance abuse research, invested significant time learning about the key questions and concerns of participants in several community-based programs, including clients, administrators and professionals from the county drug court, law enforcement, and substance abuse treatment and recovery services. They then developed a proposal which integrated their own academic interests with the questions and concerns that they uncovered in their preliminary research. After the proposal was written, the researchers presented it to an audience of community partners. Following the successful funding of the study, negotiations with various partners continued throughout the data collection process. The paper concludes with some suggestions for other researchers who may wish to engage in this type of applied, collaborative, interdisciplinary research.

Keywords: Economics; Ethnography; Collaboration; Partnership; Community; Community-Based Research; Sex Work; Drug Treatment Court

Introduction

Collaborative, interdisciplinary research with public or community-based agencies presents one potential avenue for doing engaged or public scholarship that will be mutually beneficial for university-based researchers and practitioners as well as community members. It holds the promise of "bringing the academy into the street" and enriching discourse at both ends of the spectrum. However, such collaboration may also be challenging to academic researchers on a number of levels—personal and ideological as well as professional (Lamphere, 2004). Researchers entering into such collaborative relationships need to understand what they are likely to face, and how much time and effort will be involved. Collaborative research which does not invest significant upfront or on-the-ground time is unlikely to be successful or sustained, and relationships which are not continuously cultivated are unlikely to bear fruit in the long run. This includes accepting varying participatory levels from different agencies, based on the culture of the agency and their role/position in the community itself.

This paper describes the experience of two university researchers (first and second authors) as they engaged in a sustained research collaboration with various public agencies, working to develop and submit a proposal to the National Institutes of Health (NIH). The two university-based researchers from different social science disciplines, each with previous experience in substance abuse research, invested significant time learning about the key questions and concerns of participants in several community-based programs, including clients, administrators and professionals from the county drug court, law enforcement, and substance abuse treatment and recovery services. They then developed a proposal which integrated their own academic interests with the questions and concerns uncovered in their preliminary research. After the proposal was written, the researchers presented it to an audience of community partners. Following the successful funding of the study, negotiations with various partners continued throughout the data collection process. In this paper, we describe this process step-by-step, incorporating both ethnographic observations and programmatic details. We conclude with some suggestions and considerations for other researchers who may wish to engage in this type of applied, collaborative, interdisciplinary research.

The Process Begins

In December of 2007 the first two authors were contacted by representatives of their university's administration, who had recently met with members of the Bureau of Substance Abuse (BSA) in the City of Detroit's Department of Health and Wellness Promotion (DHWP). Several of the agency's administrators were interested in reporting their more innovative efforts in prevention, treatment and rehabilitation in peer-reviewed academic journals. However, these administrators were fully laden with programmatic duties. Therefore, they were seeking a university partnership to 1) help them design and conduct research; and 2) produce articles for publication based on that research.

The professors, who had separately examined sociological and economic factors related to opiate addiction in the city of Detroit, were given a contact within the BSA, Deputy Director Dr. Asabigi (third author), and met with him three times to determine the best opportunity for collaborative research with DHWP. In these meetings, they discussed how their different

disciplinary perspectives and methodologies (microeconomics and quantitative methods, sociology and qualitative methods) might be combined in a way that would fruitfully address questions and issues raised by DHWP's programs. Two specific programs were discussed in those early meetings: the Fresh Start Project, which focused on addressing the needs of street sex workers with histories of substance abuse and legal entanglement; and Guiding Light, which delivered substance abuse treatment and recovery services specifically developed for men who have sex with men (MSM). As these discussions evolved, in partnership with DHWP, the investigators decided to focus their research efforts on the Fresh Start Project, because this program had received local media attention and achieved some promising early results. However, there were lingering questions concerning the long-term recovery prospects of the women who graduated from the program.

After these initial meetings, the Deputy Director at BSA provided the investigators with telephone numbers and email addresses for contact persons at each of the five partner agencies that were involved in FS. However, the researchers needed to define how their disciplinary approaches might be combined in a manner that was innovative and fruitful. To accomplish this, they decided that they needed to understand the program's function and intent from the inside out. The investigators secured permission and support from their university's Institutional Review Board (IRB) to embed themselves in the law enforcement and substance abuse treatment community over the course of that initial spring and summer of 2008, to better develop a fundable proposal for the National Institute on Drug Abuse (NIDA).

The researchers approached the observational study and investigation of the Fresh Start program in a manner similar to a naturalistic evaluation or an ethnographic exploration, two distinct terms embodying very similar methodological approaches. They found that this approach was most appropriate in the early stages of research as it afforded an opportunity to take the dynamic research context into consideration. Rooted in a deliberate intention to observe rather than analyze, this approach afforded an important opportunity to understand the multifaceted contextual attributes influencing and reinforcing actions, behaviors, and circumstances within the community-based research setting. An ethnographic approach is characterized by non-intrusive general observation, informal discussion with community members, review of relevant documentation, and interviews, all conducted with an intent to better understand characteristics of the setting and contextual elements influencing actors within it (Murphy & Dingwall, 2007). Thus, hypotheses were not defined prior to initiation of the observational study. The researchers concentrated on the process of immersion as well as the intended outcome of a fundable proposal. Individual variables were not isolated and statistical significance was ignored as they sought to clarify key themes and questions first. This required them to "get with the program", and learn how it worked (or was supposed to work) from the ground up and the inside out.

Getting with the Program

The Fresh Start Project (FS) is a partnership between Wayne County Sheriff's Department (WCS), the Detroit Police Department (DPD), Wayne County 36th District Drug Treatment Court (DTC) and Detroit Health and Wellness Promotion (DHWP) including the Detroit Recovery Project (DRP a special division of DHWP) and DHWP's Bureau of Substance Abuse (BSA). FS is a substance abuse intervention program for female street sex workers[1] who have come into repeated contact with law enforcement. It addresses the special needs and challenges that female street sex workers face by providing services such as transitional housing, medical treatment and job training. FS has been in a pilot phase since 2004, serving approximately 30 sex workers per year. In October 2008, FS received support from the Substance Abuse and Mental Health Services Agency (SAMHSA) for an additional three years.

FS is a semi-coercive recovery-based program that operates in direct contrast to voluntary, traditional, treatment-based programs, providing an alternative to jail time for women who are arrested in periodic sweeps of neighborhoods where street sex work is common. The stated goals of FS include removing women from active street sex work; providing treatment for substance dependency; and fostering engagement in the Detroit area recovery community. The program has a triphasic structure. In the first phase, women are arrested in planned "sweeps" conducted by the Detroit Police Department. A problem neighborhood is identified at least one week in advance and that area is the target of the evening sweep. The women are typically arrested on a Friday evening, and are taken to the Baird Jail (often called the "hotel" by the supervising judge), located in downtown Detroit. The 36th District Drug Treatment Court (36 DTC) prefers that the women are given the weekend to detoxify before coming to court on Monday morning. Those women who qualify for FS, typically those with eight or more outstanding misdemeanor charges for pandering, are diverted from regular criminal court to the 36 DTC, administered by the Honorable Judge Leonia Lloyd. They appear before her during arraignment and she offers the program to them. They are sent back to the Baird Jail facility where they are given an opportunity to consider the permanent diversion to 36 DTC and FS. The alternative to FS is a $500 fine and 90 days in jail for every outstanding ticket.

According to the wishes of the judge, stage two of the program begins with a 30-day stay in jail while the particulars of the program are explained to the women and they begin counseling for their substance abuse (the duration of this jail time has recently been reduced due to budget and space constraints within the Wayne County Jails). Within that 30-day stay in jail the women reappear in court if they choose to accept Judge Lloyd's offer to enroll in FS. She then assigns them to a residential treatment facility where they will begin full time treatment for their substance abuse as soon as they have completed their 30-day stay in jail. During this initial phase of residential treatment, the women appear before the judge on at least a monthly basis. The judge and her case managers, who have weekly contact with the women, reassess the period required for residential treatment (30 - 90 days). After successful completion of residential treatment, the women progress to the third phase of the program and are assigned 1 - 2 years in transitional housing. At some point the women transition to independent housing, depending on employment status, preference, and opportunity.

[1]While the term "sex worker" is accepted as appropriate terminology within the academic domain, research efforts revealed that this term is not recognized by those who engage in sex work, but is instead replaced with the term "prostitution." The two should be considered interchangeable terms for the purpose of this study.

The timeline for the women in the program is as follows:
1) Arrest on Friday
2) 36 DTC on Monday
3) Offered FS on Monday
4) 30 days in Baird Jail
5) 30 - 90 days in residential treatment (Judge's Discretion)
6) 1 - 2 years in transitional housing
7) Independent housing
8) Graduation

As **Table 1** illustrates, this program, though relatively small in scale, is composed of multiple phases and partners. Successful research efforts within such a complex organizational network required a good deal of on-the-ground interaction and many small incremental steps. Such interaction served the purpose of establishing relationships vital to successful community-based research, while also providing an opportunity to conduct ethnographic observation. The researchers began observation via immersion in May, 2008.

Striving to understand the intertwined issues of substance abuse, economic status, social networks and socio-spatial contexts from the view of the community of Detroit itself, the researchers engaged with the 36th District Drug Treatment Court and attended many of its functions. For example, they attended a drug court at Detroit's Hart Plaza in the spring of 2008, where state and national drug treatment court officials were in attendance, along with current enrollees and graduates of the program. They also attended a graduation ceremony held by 36 DTC the very next day. The following day they attended court, witnessing the processing of women who were picked up in a WCS sweep the previous Friday. The next week, the researchers attended a program picnic held on Belle Isle (5/24/08) with current participants and past graduates. They became familiar with the DTC staff and case managers, and secured a letter of support for the research application from the presiding judge.

They then engaged with the Detroit Police Department. That same May, they attended a Safe and Sober Streets Rally where they met the Deputy Chief of the Eastern District. This contact led to a ride-along with the DPD in July of 2008, as they carried out a neighborhood sweep. They became friendly and familiar with several of the DPD officers, and the Deputy Police Chief also provided a letter of support for the research.

In like manner, the researchers engaged with the WCS, participating in a ride along as officers searched for FS absconders. They interviewed the WCS Program Officer, who informed

Table 1.
Community/agency partners involved with fresh start project.

Steps	Agency	Role
Step 1: *Arrest*	*Detroit Police Department* (*DPD*)	DPD acts as a secondary policing agency participating in initial arrests and re-arresting absconders on dates authorized by the 36th District Drug Treatment Court. DPD also recommends sex workers for the program who are arrested during non-sweep activity. DPD serves as a point of sex work intelligence for the program as well.
Step 2: *Jail*	*Wayne County Sheriff's Office* (*WCS*)	WCS is the lead police agency that identifies sex workers that qualify for the Fresh Start program. WCS provides jail bed space for those initially arrested and those re-arrested as absconders. In addition, WCS provides legal case management throughout the program. WCS gathers demographic data on all of the program participants including a running total of enrolled, terminated and graduated clients.
Step 3: *Court*	*i*th *District Drug Treatment Court* (36 *DTC*)	36 DTC provides a mix of treatment oversight, case management, and legal coercion. Once a participant is accepted into the Fresh Start program the court sets aside outstanding warrants and enters a new order for drug treatment. The court oversees all phases of the Fresh Start program until the client is deemed worthy of graduation (average cycle 24 months). The court mandates drug urine testing, treatment length, and court visitation at various intervals that are determined to be individually appropriate. The court's probation department provides case management services coordinating with other agencies for wrap-around services for the clients.
Step 4: *Residential Treatment*	*Various Detroit Treatment Agencies*	A variety of Detroit residential treatment agencies provide treatment to Fresh Start women. As a part of their participation these treatment agencies remain in contact with DTC's case managers regarding individual participants in the program. The treatment agencies attend a Fresh Start staff meeting once a month in the district court building in downtown Detroit. The communication between the treatment agencies and the court system serves as a united front that emphasizes the power of the partnership to the women.
Steps 1 - 4: *Health Care Services*	*Bureau of Substance Abuse* (*DHWP/BSA*)	*Detroit Health and Wellness Promotion's* The BSA is the lead and coordinating agency for all Fresh Start Activities; it is the agency that applied for and was awarded the SAMHSA grant. The BSA funds substance abuse treatment for the Fresh Start clients. BSA also coordinates health and dental care for the clients through DHWP. BSA works closely with DTC in determining the length of in-patient residential drug abuse treatment and the eventual passing to transitional housing. BSA is the creator of the Detroit Recovery Project, a recovery based agency that assists in community re-integration for all of Detroit's recovering substance abusers.
Step 5: *Transition*	*Detroit Recovery Project* (*DRP*)	DRP provides case monitoring and peer support upon successful completion of treatment for Fresh Start clients as well as other recovering addicts within the Detroit community. The aims of DRP are to prevent relapse and recidivism through community engagement and activism. DRP also provides for a number of wrap around services such as securing housing and employment. DRP is the sponsor of a weekly motivational meeting and also sponsors a number of other Narcotics Anonymous and Alcoholics Anonymous meetings. Community events such as Safe and Sober Streets rallies, Hepatitis screening events, health fairs pancake breakfasts, and sobriety events are coordinated and sponsored by DRP. Attendance is taken at all events.

them of the current number of graduates, enrollees and dropouts associated with the program. In addition, the Wayne County Sheriff also provided a letter of support for the research.

The World of Recovery

Perhaps the deepest level of engagement the researchers had was within the recovery community itself. In this community, substance abuse and addiction are often considered lifelong illnesses, and the survivors—those in recovery—need lifelong support. Upon the recommendation of the DRP director, the researchers began attending weekly lectures on Tuesday evenings that were held in the basement of DHWP's historic Herman Kieffer building. The lectures were given by a nationally known speaker with expertise in the areas of both substance abuse and ex-offender reentry. They spoke with him after almost every lecture and he provided a great deal of insight into the individual and environmental influences on addicted individuals. They secured a small office in the Detroit Recovery Project's Highland Park facility where they visited with staff and clients nearly every Friday. There were rallies, picnics, breakfasts and lectures offered by the DRP almost daily and they also attended many of these events, continuously building relationships and continuing the observational study. In addition, the researchers always sought to keep their partners at DHWP informed of their progress. They met with Dr. Asabigi (third author) formally for updates at least three times during the summer months.

In their immersion in the world of recovery, in discussions with community partners and each other, the researchers found several themes expressed consistently, as well as important questions that needed to be pursued. For example, court officials, service providers, and people in recovery expressed the idea of *transformation* of the individual. One judge, a leader in the drug court movement in Michigan, talked about the appearance of men and women on arraignment day. He described them as "Ragged men and graceless ladies… professional deceivers… boiling with anger… [their] lives in chaos," then went on to say that, "on arraignment day we see them NOT as they are that day, but as they might be in the future." Drug courts are distinct from other criminal justice settings in this respect—they view "offenders" or "perpetrators" not only in terms of past behavior, but in terms of future potential. Likewise, the judge who runs the 36 DTC described a woman at a FS graduation as "a butterfly coming out of a cocoon and spreading its wings." Even some of the law enforcement officers adopted this discourse. For example, one of the Sheriff's police who participated in the absconder sweeps strongly expressed his support for FS, stating, "I'm a firm believer in this program, because it's such a productive program. Most of the time there's no treatment. Here you get to see that transformation."

Another theme expressed was that of the relationship between one's environment, their socio-economic status, their social networks, and their likelihood of engaging in drug use. At the FS graduation ceremony, for example, one woman summarized her story this way: "I didn't have a chance at life, to go to school, so I chose to escape and I ended up on the street, using drugs." Likewise, the director of the DRP stated, "In impoverished communities, drugs are a way of life. How do people rise above that? It's through their recovery network…". To the ears of an economist and a sociologist, this last statement also hinted at the relationship between the recovery process and the development of both human and social capital. Another representative of the DRP declared, "I try to tap into that thing that people are good at, and that's when you see people flourish."

This individual-level transformation was explicitly linked to an economic outcome. In the words of one recovery program administrator,

We are developing this new individual that is looking to be a contributor to society, to the tax base. Clients have to become house ready and budget-ready. A lot of those involved in the lifestyle of addiction don't understand that it's a skill. Once they see it, they can own it.

In the literature, we discovered later, this is explicitly described in economic terms as the building of "recovery capital" (Cloud & Granfield, 2001, 2004).

Lastly, the possible role of academic research in both exploring central questions and legitimating practitioners' knowledge were expressed. According to the Deputy Director of the BSA (third author), the process of transformation that occurred within the FS program sometimes didn't endure:

One or two years into recovery, some of the ladies are experiencing problems in their new life… somehow they miss the lifestyle that they had. They can't hold it together. Some of them started with prescription drugs, some of them are trying to be both clean and on the street at the same time…

What he really wanted the research to examine, therefore, was the set of interconnected factors that contributed to both short-term and long-term relapse. On the other hand, other practitioners wanted research to confirm what they felt they already knew about the potential for substantial return on the societal investment in recovery programs. As one program director stated,

What would benefit us most is if someone could articulate the value—because it's underestimated—of the recovering individual, from a point of (1) *noticeable instability to* (2) *measurable stability to* (3) *ongoing value as a contributing member of society.*

These themes were consistent and guided the researchers' ideas about where their research could successfully contribute and add value, not just for an academic audience, but for the practitioners, the administrators and recovering people themselves. However, this required another intense collaborative process for the researchers—meshing their own disciplinary perspectives and bringing these to bear on the problems at hand, as identified through their thorough observational study.

Finding Funding and Developing a Theoretical Approach

At the onset of the collaborative process, it was important for the university researchers to identify a funding opportunity that would support both the research and the community partnership. The parameters of the funding mechanism would then serve as an additional guide in shaping the research plan. Because this was a public health program, the National Institutes of Health's (NIH) grant opportunities seemed ideal. Furthermore, NIH submissions are highly competitive and a successful submission would alert both university officials and DHWP administrators to the power of the partnership and draw attention to the effort.

Because FS was directed toward women, the researchers looked for funding opportunities that focused on research concerning women's risk and health behavior. They also knew that

they would employ an interdisciplinary approach, drawing on their combined range of expertise in economics, sociology and public health. The National Institute on Drug Abuse (NIDA) has a specific call that partnered with the Office on Women's Health Research (OWHR) called Advancing Novel Science in Women's Health Research (ANSWHR). The call was available as an R21, a developmental mechanism that allows for exploration of a novel method and limits the exploration to two years. The R21 mechanism fit the researchers' needs, with one small exception: because the funding period would be limited to two years, they could not follow women in a longitudinal fashion. They decided to investigate the social contexts and economic resources of women grouped by phase in the program, and to propose that a longitudinal study may be in order as a follow-up to the study if the results were promising. This was possible because of the exploratory intent of the funding mechanism.

Proposals submitted to NIH require a well-articulated theoretical model as well as a concrete and achievable plan of research. Therefore, between outings with community partners, the two lead authors also engaged in active discussions concerning possible theoretical approaches they might apply to the FS program. As an economist and a sociologist, they first had to come to terms with the different baseline assumptions embraced by their disciplines, particularly concerning the role of individual rational choice versus that of social context, environment or structure. Both perspectives were at odds in some ways with essentialist notions of addiction that are often embraced by the substance abuse treatment and recovery communities. In the "addiction as disease" framework prevailing in these communities, addictive behavior is seen as both intensely individual and distinctly irrational. Through employing the familiar economic concept of "constrained choice" as used by sociologists such as LaGory (1982) and Bird & Rieker (2008) and the related concept of "embedded rationality" as employed by Granovetter (1985), they were able to consider the rational choices of women engaged in illicit substance use and street sex work as nested within concrete immediate contexts, as well as larger structures, which actively shape both their available opportunities and their consciousness of alternatives. It followed that interventions, to succeed, must intervene at more than one level if they were to achieve lasting success. Both sex work and substance abuse may be viewed from an economic perspective as phenomena representing rational decisions, made by individuals operating within severely constrained circumstances (Goldstein, 1979; Goldman, 1981; Romero-Daza, Weeks & Singer, 1998; Hanson, Lopez-Iftikhar, Alegria et al., 2002; Maher, 1996; Maher & Daly 1996; Bretteville-Jensen & Sutton, 1996). Research has shown that women who engage in street sex work are more likely to have suffered from child sexual abuse (Widom & Kuhns, 1996; McClanahan et al., 1999), to demonstrate signs of psychological distress (Young, Boyd and Hubbell 2000), and to experience stigmatization and poor overall health (Baker, Wilson, & Winebarger, 2004; Jeal & Salisbury, 2004). As a result, some researchers have emphasized the need for intensive social and health services, including mental health services, to address the underlying issues that contribute to risky behavior patterns (Briere & Jordan, 2004; Golder & Logan, 2006; Potterat et al., 1998). Others have stressed the importance of broader social determinants, such as gender, race and class inequality, in shaping both the risk behaviors and health outcomes of street sex workers and other multiply marginalized populations (Weeks et al., 1998; Lovell, 2002; Zierler & Krieger, 1997; Weseley, 2006; Shannon et al., 2008). However, given the complex entanglement of individual, social and economic issues involved, addressing the health needs of women who are street sex workers requires much more than one angle or approach (Benson & Matthews, 1995).

A sociological angle was provided by social network theory. Social networks are a primary mechanism through which individual behaviors and health outcomes are linked to larger social structures and forces (Berkman et al., 2000; Pescosolido, 2006). There is considerable evidence showing the strong association between one's social networksand the likelihood of initiating and continuing patterns of problem drug use, the likelihood of seeking treatment, and the effectiveness of treatment. Relapse into substance abuse has been correlated with social factors such as poor housing status, limited social support, and lack of drug treatment (Mayer et al., 1993), and with reports of family fights or drug use among family members or spouses (Ellis et al., 2004). Conversely, continued *remission* or *successful* recovery has been associated with older age and with living in residential treatment programs (Rollins et al., 2005), with reports of families getting along (Ellis et al., 2004), and with other measures of positive social support within local or family networks (Barber & Crisp, 1995; McMahon, 2001; Flynn et al., 2003; Granfield & Cloud, 2001). The concept of recovery capital (Cloud & Granfield, 2001, 2004), in fact, explicitly encompasses both the individual and the social levels.

As a practical matter, then, successful recovery programs should address situational constraints as well as individual choices. This includes identifying social networks as contributors to substance abuse and other associated risk behaviors. Pescosolido, Gardner and Lubell (1998) combined qualitative and quantitative methods in their study of individuals' interactions with mental health treatment services. Their use of the Network Episode Model (Pescosolido, 1991, 1992) enabled them to not only measure and compare the correlates of successful system engagement, but also to describe and document the dynamic processes involved at the interactional level. In designing their research, the first and second authors built on these previous efforts, but added in the distinctive elements of microeconomics and social geography.

The Geography of Recovery: Translating Theory into Proposal

As described above, FS targets street sex workers with criminal records and offers them housing and comprehensive services, including health services and a transition to structured substance abuse recovery programs, as an alternative to incarceration. The program views sex work and problem substance use as part of a continuing cycle driven by nested social, physical and mental issues, and endeavors to bring about transformation of individuals by addressing these issues in concert. Social networks and geography were implicitly intertwined with these behavioral patterns: avoiding "wet places and wet faces" is a basic strategy for people in recovery. The researchers postulated that the desired transformation, if it occurred, would be accompanied by qualitative changes in social networks and contexts as well as measurable changes in economic behaviors and outcomes (see **Figure 1**).

Though the distinction between treatment and recovery is not

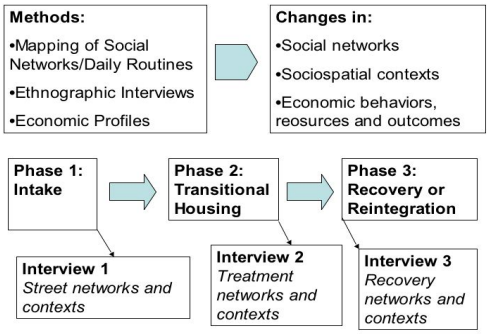

Figure 1.
Conceptual diagram showing process of phased change.

always clear, treatment has historically been associated with degreed professionals employing a medical model, focusing on individualized diagnosis and behavioral change, while recovery has been dominated by a social model, emphasizing peer support, environmental modification and spirituality (Borkman et al., 1998). Recovery is therefore conceptualized as an open-ended process, which implies abstinence relative to substance use, but also connotes a positive and expansive new attitude towards life in general (Laudet, 2007).

Most studies that seek to evaluate the effectiveness of substance abuse treatment have employed the intervention paradigm, often focusing on limited time frames and narrow indicators of treatment success, such as abstinence (White, 2004). However, a thorough review of treatment research provides little evidence that specific interventions produce significant effects beyond those produced by the context of the treatment environment itself (Morgenstern & McKay, 2007). This suggested that further research was needed on the dynamic interplay between individual-level change and social and environmental contexts (White, 2004; Morgenstern & McKay, 2007). In practice recovery entails the recognition that substance abuse behaviors are entangled with other individual-level problems, as well as social circumstances (White, 2007). This is especially true for groups that have been historically and culturally disempowered (White & Sanders, 2004). In addition, recovery may build on attributes or assets that individuals developed in previous stages of life, including skills that helped them in their drug-using careers.

While "treatment" typically occurs in a dedicated space or facility, recovery extends beyond the institutional domain into the community context, including the active development of, or connection to, new networks (McAuliffe & Ch'ien, 1986; Borkman, 1998). Social relationships do not exist in a vacuum, but are themselves embedded within particular areas or communities (Cromley, 1999; Takahashi, Wiebe, & Rodriguez, 2001). Neighborhood contexts and residential patterns may shape the likelihood of drug use on the one hand (Singer et al., 2000; Alegria et al., 2004; Mason, Cheung, & Walker, 2004), and the availability of alternative networks and structures of opportunity on the other (Briggs, 2005). Residential and social segregation has been shown to be significantly associated with negative economic and health outcomes for African-Americans (Massey & Denton, 1993; Williams & Collins, 2001; Cutler & Glaeser, 1997). This effect is compounded for women who engage in sex work, because sex work is actively segregated to particular urban areas, where illicit drug markets and violent crime are also more prevalent (Hubbard, 1997, 2004; Sanders, 2004). This is a difficult dilemma for those seeking recovery within an urban environment, like Detroit, where social spaces are so starkly segregated along racial lines (Wacquant, 1998). Therefore, it is necessary to understand how treatment and recovery processes may build bridges to new networks and/or different social spaces for these women, either within their own neighborhoods or in other communities. Likewise, the building of human and social capital should occur throughout treatment and continue in the on-going recovery process.

The researchers proposed that these changes could be described using ethnographic and economic instruments and an accompanying mapping of changing social networks. By examining the structured change in social networks and capital measured across time, from sex work through treatment to continued recovery and re-emergence into society, the study would highlight progressive mechanisms of change across distinctive stages in the process. The analytic framework and conceptual model sought to highlight the ways that treatment programs build on women sex workers' existing skill sets for successful treatment and recovery and connect them with alternative networks and opportunities, or fail to do so. At the same time, the study would gather valuable data concerning the subjective understanding of this process, how it altered women's sense of identity and their conception of what is possible and desirable.

The proposal established semi-structured interviews as the primary mode of data collection. The economic research portion was conducted with quantitative survey-based interviews, while the sociological research utilized qualitative interviews yielding social networking maps among other relevant data. The qualitative interview utilized voice recording technology, transcripts of which were produced by a professional transcription service. The sample was determined by the program's enrollment—few of the FS enrollees in the two-year funding period were missed, inclusive of trans-gendered individuals who were jailed in a separate facility. Data analysis is ongoing and has intentionally been omitted from this manuscript.

Reflecting the project's high ethical standards, all interviewees went through a thorough written informed consent process, describing the research itself, the researchers' roles, the ways in which data would be collected and used, privacy measures taken as well as potential benefits and risks of participation, estimated duration of interviews, and associated compensation. A telephone number to the IRB's anonymous complaint line was given, which participants could use if they felt the researchers conducted themselves in a disrespectful manner. The researchers' contact information was also given to the interviewees, in the event they later decided to retract their interviews. Two signatures were gathered in the informed consent process: one to acknowledge agreement to participate, and a second to acknowledge voice recording would be utilized in the ethnographic interviews.

Lessons Learned: Balancing Acts

The above sections describe the process of initiating discussion with community partners, immersion in the community context, and the development of a proposal that linked interdisciplinary perspectives, the research literature and the concrete needs of the program in an original and useful way. Throughout the duration of the collaborative research effort, the researchers encountered a variety of challenges and benefits unique to community-based research. In order to best explore and analyze the

relevance of these experiences, the dynamics of this research shall be examined within the context of the spectrum of community-based participatory research frameworks identified throughout the corresponding body of literature.

Community-based participatory research (CBPR) is the main term used to represent collaborative research such as that conducted by the researchers and community partners in this study, though a variety of terms are found throughout the extant collection of literature examining its scope and key characteristics (Nation et al., 2011). The term CBPR is used to refer to a wide range of research practices, from conducting traditional scholarly research in a community setting to active collaborative engagement with community members and organizations in the development and execution of a research endeavor (Nation et al., 2011). CBPR projects can embody a wide range of power and responsibility structures. Some may involve multiple partners equitably and fully involved in every stage of the research process; others may be characterized by different roles for each party during different phases of research, with researchers taking charge, serving as primary facilitators of the involvement of community partners (Cargo & Mercer, 2008; Nation et al., 2011). Cargo & Mercer (2008) define the "lower bound" of classification of a CBPR project as inclusion of community partners during the preliminary research planning phase, as well as in end-stage discussion and application of findings. Additional engagement of partners often occurs, though limitations on time, interest, or resources might reduce involvement. Effective partnerships conducive to positive community impacts are observed at many points along the CBPR organizational relationship spectrum, including when researchers take the lead in research efforts, provided they also consult with and utilize information and feedback from community partners (Nation et al., 2011).

Several key benefits unique to collaborative research endeavors have been identified. CBPR offers a novel opportunity for researchers to gain access to communities and autonomous programs, as well as insight into problems, challenges, and detailed characteristics of the subject community. This first-hand knowledge not otherwise readily available to them allows for development of research relevant to and likely to benefit the community (Sutton & Kemp, 2006). CBPR also serves as an opportunity to bridge the gap between community and academia, dispelling mistrust commonly harbored against research and fostering positive partnership benefits for all parties involved. Research outcomes can be disseminated throughout the professional networks of the research partners, leading to increased dissemination of information and greater impact at the level of potential implementation. When multiple parties have a vested interest in the research outcomes, corresponding resources may become available, enhancing the research process, as well as long-term sustainability of future related research efforts. When community members are included in the research process and recognize their own ability to contribute, their willingness to engage on a longer-term and more extensive basis is likely to increase. A research community is born, connecting the resources, knowledge, and experiences of involved partners (Horowitz et al., 2009; Nation et al., 2011; Cargo & Mercer, 2008).

The benefits of CBPR are not achievable without some costs inherent in collaborative research. As the researchers in this project found, CBPR does require extra effort in some areas, simply due to the web of organizations involved in the project. Among potential challenges are communication difficulties between organizations and within partner organizations. Some organizations may use different terminology or have different expectations of what the research should accomplish. If these are not addressed and resolved, interpersonal or interorganizational respect and trust, as well as commitment to the project, may become jeopardized. This is exemplified in previously detailed challenges faced by researchers in the process of defining a theoretical approach reflective of the multi-faceted collaboration and its members' varied perspectives. When administrators make agreements for involvement in research, it is paramount that intra-organizational communication accounts for organizational resources and acquires cooperation to make accommodations necessary to participate in the research process as it was conceived (Gonzalez et al., 2012). Negative attitudes toward research are often harbored by employees and clients at various levels of potential partner organizations. As trust is imperative to successful collaboration, these issues must be addressed in the initial phases of collaboration as well as periodically throughout the research process (Nation et al., 2011; Gonzalez et al., 2012; Horowitz et al., 2009). Lack of time and strained levels of resources are a chief challenge of collaborative partnerships. Organizations already burdened with daily operations may be frustrated by the distraction and demands associated with facilitating access for partners or participating in collaborative tasks. Personnel changes can also threaten the vitality of a collaborative partnership, either demanding extra efforts to establish trust and reaffirm commitment, or possibly resulting in cessation of involvement by a formerly engaged organization (Israel et al., 2006). Despite time-consuming, often frustrating, challenges encountered in CBPR, the many unique benefits and potential for enhanced research outcomes make the practice one that is quickly migrating "from the margin to the mainstream" (Horowitz, 2009).

The research examined here is situated solidly within the bounds of the definition of CBPR, embodying a position toward the researcher-facilitated collaboration end of the broad CBPR continuum. Though this collaborative research partnership was initiated by DHWP administrators, the researchers took primary responsibility for the development and execution of the research process. This included development of relationships with representatives at different levels within the involved organizations. In examining the balancing acts encountered and in anticipating those to be encountered in other research scenarios, key features and dynamics of the collaborative research process are important to keep in mind.

Once the grant proposal had been developed, the researchers convened a meeting of all partners and stakeholders to update them on their progress, to share their findings from the observational study and explain their research design. Included at this meeting were the Director and Deputy Director of the BSA, the presiding judge at 36 DTC, DPD and Wayne County officers, DTC case managers, members of the treatment and recovery communities, and others. The two lead researchers delivered the presentation as a team, and incorporated quotations and observations generated by the preliminary observational research process—some of which have also been included in this paper. The presentation was well received by the attendees, including the BSA director and the judge, who expressed their approval of the project going forward. Two academics from another local university, who had helped to advise the researchers on the writing of the proposal, also attended this

meeting. After it was over, they stated that they had never seen such an assemblage of support for academic research in a Detroit setting before (In fact, the researchers had been given the opportunity to work with BSA in part because of officials' frustration in working with other universities). This meeting served not only as an opportunity to share information with partner agencies, but to revitalize engagement relationships, reinvigorate bonds of trust, and reinforce sustainability of the partnerships (Cargo & Mercer, 2008).

The primary lesson learned in the preliminary observational research phase was that this type of study and method require significant amounts of time (Austin, 2003; Cargo & Mercer, 2008). There are several reasons why time became a primary challenge. Both the first and second authors are researchers associated with a teaching institution. Their teaching loads are 3-3. This means that research such as this, which requires intense and concentrated effort, is best done during the summer months. The variability in time when the women were picked up by law enforcement (absconders) and the schedule of the court required the researchers to be available quickly. For this reason as well, the observational research had to be completed during the summer months. The third author, although available for consultation and support, was fully occupied with administrative duties and the day-to-day politics of running a bureau within a major urban health department, a common reality in many collaborative research partnerships (Cargo & Mercer, 2008).

Time issues were also present due to the grant funding cycles. The lead researchers were aware that they needed to make their observations, decide how they might contribute, and then write the grant coherently within the 15 page limit imposed by the National Institutes of Health by the end of August 2008 if they wanted to obtain preliminary review by experienced scholars in the fields of social network theory and public health, and have time to revise, before the submission in October. This is exactly what happened: the initial proposal was drafted, comments and criticisms were gathered, the proposal was sharpened, Institutional Review Board (IRB) approval was obtained (another time-consuming but otherwise straightforward process), and the submission was made.

In this case, the researchers were fortunate enough to receive a high score in the first round, and the proposal was subsequently funded. IRB approval, inclusive of certificate of confidentiality, was completed in August, 2009, and grant funding was received shortly thereafter. After more than a year of active work, the researchers were now able to "begin" working on the project itself. The data-gathering phase officially began in the winter of 2009-2010, and is still ongoing; at the time of this writing, more than two-thirds of the proposed interviews have been completed. However, the balancing acts have continued throughout the process: teaching schedules, as well as demands of the university, partner agencies, and research subjects all present their own challenges. For example, the research plan (see **Table 2**) stated that one-third of subjects would be interviewed during Phase 1, shortly after their arrest and prior to their official entry into the residential treatment program (Phase 2). This required that these individuals be interviewed while they were still housed at "the hotel," requiring the researchers to be available on very short notice for unpredictable amounts of time, dictated by the timing and number of arrests made, as well as limitations imposed by jail operational procedures.

Just because the research had been funded by NIH and approved by the University IRB did not mean that the researchers had unfettered access. Luckily, they were able to make use of a connection to the Chief of Wayne County Jails and clear the path to entry, though relationships with employees inside the jail itself still had to be developed and managed (Those who work inside correctional facilities will know how tentative the relationship to outside agents can be). Gonzalez et al. (2012) offer indications of widespread incidence of similar challenges for others involved in collaborative research. In a three-tiered model, they identify a path toward engagement progressing from acceptance (of the partnership and its aims), access (allowing researchers access to premises and resources), and active collaboration (equal involvement throughout the research process). In this case, access to the facility and prisoners within it were being sought, though various levels of acceptance by corrections officers led to corresponding various levels of access challenges for the researchers. As relationships were built and managed by the researchers, corrections officers' resistance to providing access eroded.

Challenges to achieving Gonzalez et al.'s (2012) theorized active collaboration persisted, however, with internal contacts typically cooperating with requests in a professional manner, but with little urgency, considering researchers' requests were added demands upon their already hectic work schedules. Remaining embedded and persistently engaged in the community research setting was a key method for improving relationships at every step of the research process and advancing research process that could otherwise have been stalled at any of the many roadblocks emerging before the researchers.

Internal communication and organizational issues at partner

Table 2.
Phases of study matched to phases of program.

	Phase 1: Intake	**Phase 2: Transitional housing**	**Phase 3: Recovery or reintegration**	**Phase X: Exited program**
Sample size (projected)	30	30	30	10
Sample recruitment	Upon official intake to FS	In FS for 1 year	Out of FS for 1 year (graduates)	Dismissed from FS (non-grads)
Focus of interviews	Street networks and routines, previous to intake	Treatment networks and routines, while in residential setting	Recovery networks and routines, living independently in community	Networks and routines, out of treatment, drug-using or not
Instruments	1) Ethnographic interviews; social networks; socio-spatial contexts 2) Economic profiles	1) Ethnographic interviews; social networks; socio-spatial contexts 2) Economic profiles	1) Ethnographic interviews; social networks; socio-spatial contexts 2) Economic profiles	1) Ethnographic interviews; social networks; socio-spatial contexts 2) Economic profiles

sites also prevented smooth execution of research. Inmates were not always located where records indicated they were supposed to be. Strict jail meal schedules interrupted interviews. "Private" rooms were occupied by other individuals unwilling to accommodate the privacy necessary for interviews. Access to inmates or other resources was sometimes denied or difficult to obtain, causing delays and potential for missed research opportunities. The researchers had to be proactive in seeking the information and resources they needed, while also maintaining the ability to spontaneously change course when unexpected issues arose, all the while continuously seeking to build or reinforce relationships.

Other issues emerged as well: at one point, the judge stopped sending women to FS after the jails refused to hold the women for an adequate period of time. There were personnel changes and personality conflicts, some of which may reflect tendencies (documented throughout the literature) of *some* organizational representatives to harbor negative attitudes and exhibit lack of trust toward collaborative research endeavors (Cargo & Mercer, 2006; Nation et al., 2011; Gonzalez et al., 2012; Horowitz et al., 2009). Through these myriad challenges, the researchers had to remain diligent and committed to maintaining, and in some cases repairing, the relationships that made the work possible. As the literature notes, the necessity to cultivate and maintain solid relationships in order to continue research is a predominant demand unique to collaborative research, in comparison to other forms of less engaged research (Cargo & Mercer, 2008; Gonzalez et al., 2012; Nation et al., 2011; Israel et al., 2006).

As evidence of the importance of cooperation to the research process, one of the researchers has encountered circumstances in which community partners were unwilling or incapable of supporting a funded research endeavor with a solidly-defined research plan. In this case, the partner refused to allow women under her jurisdiction to participate in the expanded research effort. As a consequence, the research could not go forward and funding was surrendered. While not specifically representative of the research at the heart of this narrative, this anecdote serves as evidence of the power and potential inherent in collaborative research relationships, as well as their impact upon the viability of some research efforts (Nation et al., 2011; Israel et al., 2006; Cargo & Mercer, 2008).

The potential for fundamental differences of perspective, such as those described above between the community partners and sociology and economics disciplines, is another established challenge inherent to conducting community-based research (Nation et al., 2011). The potential contrast between partners' perspectives on this research was made apparent to the researchers again at another public presentation of the research. While the first presentation was based on the preliminary research and focused on the proposal itself, this presentation was made on the University campus and focused on the findings of the research. About two-thirds of the proposed interviews had been conducted, and the researchers were able to discuss the implications in a preliminary way. As with the first presentation, there was a diverse audience—administrators, faculty from a variety of disciplines, and representatives of community partner organizations. One of these was the Deputy Director of the BSA (third author), and another was the CEO of a major substance abuse treatment provider, whom the researchers met in the course of carrying out the study. Finally, the pastor of a storefront church, located in one of the Detroit neighborhoods most affected by illicit drug and sex work activity, and his wife were also present[2].

Dynamic, reflective collaborative discussion serves as a form of engagement with potential to enhance partners' sense of purpose within and perceived value of the research. Further, it offers an opportunity for their voices to be heard and their feedback to be incorporated in interpretation of research findings (Nation et al., 2011). In the discussion that followed the presentation of research findings, questions were raised concerning benefits that the research might yield to the individuals and communities most affected. All of the partners agreed that there was something to be gained from the research findings—it raised new questions, it generated fresh insights, and it also legitimated some of their first-hand knowledge. Perhaps more important than the findings themselves, however, was the discussion, which allowed for synergistic merging of participants' perspectives and insights, a unique benefit of collaborative research partnerships.

Conclusion: Engagement Means Commitment

It is hoped that this narrative account may provide insight and guidance to others who enter into collaborative research projects, especially those involving both public agencies and marginalized populations. While not explicitly discussed above, these are both important factors in and of themselves, because researchers must always be aware that they are engaged not only with research subjects and theoretical questions, but with peoples' careers, reputations, and lives. At the same time, we must emphasize that engaged work is just as theoretically and methodologically rigorous as other types of research, but that it demands a flexibility of approach that meshes with the circumstances and problems on ground.

We found that an ethnographic or naturalistic observational approach was most appropriate in the early stages of research. This initial approach allowed us to learn the territory, so to speak, before we presumed to be able to ask the right questions—much less supply the answers. That being said, we do not pretend that this issue was resolved in a final way by our successful proposal. It is a problem that continues to unfold, and the researchers grapple with it repeatedly, as we paraphrase the questions memorably posed by Burawoy (2005): "Research for whom?" and "Research for what?" As teacher-scholars, it is easy enough for us to stay inside our academic bubble, even when we venture into the field.

To keep ourselves on task with our stated, and intended, obligation to give something back, we have tried when possible to also bring our community partners and sometimes our research subjects, into our ongoing dialogue concerning the study's findings, its implications, and the potential for future lines of research. The powerful insights emerging from these discussions between our collaborative partners lead us to conclude that the task of collaboration, if it is to succeed on the level of actual impact, must be followed by more collaboration and more engagement—not just more research. Just as social networks were found to enhance the quality of our participants' lives, so too did our research networks enrich our process and our results. This is the payoff of engaged research, which makes the associated challenges and added effort worthwhile.

[2]We considered inviting one of the research participants as well, but decided to err on the side of caution with respect to confidentiality and human subjects protections.

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