

Smartphone Technology Participation Agreement

CASA-CHESS: The Comprehensive Health Enhancement Support System (CHESS) is a computer-based system of linked services designed to help individuals cope with a health crisis or medical concern. CASA-CHESS is a smart-phone application intended to help people in their recovery from addictions to alcohol or other drugs.

The CASA-CHESS application includes 24/7 access to the following services:

- The time and location of AA/NA meetings near you, noting which meetings are in Spanish.
- Daily self-reports on whether you are taking your medications.
- Weekly self-reports of risk and supports that you can graph and follow.
- Warnings: If the GPS is programmed to detect that you are near a location you identify as a “risky” location for you, your phone will vibrate and ask if you need support.
- One touch communication with your Casa Esperanza aftercare case manager.
- A panic button if you are at risk of relapse. When you press the panic button, your phone will immediately send a text to the person you designate to help in that situation (your counselor, your friend, a family member).
- Communication with your peer support.
- A continuously updated list of healthy events nearby.
- Recovery information and tools for managing stress.

Participation: Participating in this project will involve being an active participant in the online community for the next twelve months. However, active participation may be different for different people’s needs. At minimum, you will be expected to:

- Commit to learning and “trying out” the application features.
- Complete daily medication reports.
- Complete weekly self-ratings.
- Periodically meet with your Peer Support Staff for training on how to use the application and discuss participation.
- Review discussion board topics on a regular basis (posting is encouraged but not required).
- Be respectful of the diversity of the community membership and refrain from posting any comments / photos that might be offensive to other member’s race, ethnicity, gender, sexuality, religion, lifestyle, abilities or culture.
 - * Posts may be deleted in rare or exceptional circumstances if: participants request that their OWN post be deleted, or at the discretion of the Project Staff if content is deemed to be inappropriate and/or disrespectful to community members.
- Program your panic button with at least one support you would like to contact in the event you need additional support.
- Refrain from using the application to commit any illegal acts.
- Meet with Project staff to discuss any change in your interest in participation if you have not accessed the program on a regular basis.
- The smartphone is the property of Boston University. It is only authorized for use by research participants. You are responsible for this device. We will pay for the dataplan for 6 months. If you complete this six month period and wish to keep the phone, Boston University will release the phone to you and you will then be responsible for all costs associated with the phone and phone plan.
- Keep the phone in your possession and do not sell, transfer, or give away the phone to another person while participating in the Project. As your peers will be sharing their own information, you may not allow other people to use the phone out of respect for the privacy of other group members.
- You will have a personalized password to lock and unlock your phone.

- CASA-CHESS use – requirements and responsibilities:
 - If a week goes by and you have not used the CASA-CHESS phone app, for example the surveys or discussion board, we will send you a warning.
 - The warning will say that you have 3 days to resume use of CASA-CHESS.
 - If you do not resume using CASA-CHESS over the next three days, you will receive a second warning.
 - After 2 warnings, your phone service will be turned off and you will be required to return the phone to us.

Your signature indicates that you have read this agreement, had the opportunity to ask any questions about your participation in this project, and agree to abide by this agreement. You will receive a copy of this form for your records.

Name of Participant (please print): _____

Signature: _____ **Date:** _____

Boston University - Charles River Campus
Institutional Review Board
Approved: 08/28/2014 - 08/27/2015