The Power of Bi-Cultural Pairing and Peer Education in Groupwork for AOD and Social and Emotional Wellbeing

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Background: People experiencing drug and alcohol dependence often reach a point where imagining a different life feels impossible. Many have attempted change repeatedly, yet remain unsure what steps to take or how to navigate the complex and interconnected challenges they face — for Aboriginal people this includes the ongoing impacts of colonisation and racism, family conflict, relationship breakdown, domestic and family violence, housing instability, and untreated mental health conditions. Access to culturally responsive, evidence-based strategies and psychoeducation that honour lived realities helps open pathways toward different possibilities.

Description of Model of Care/Intervention: The Congress SEWB Community AOD Group Program was developed to enhance therapeutic groupwork in Mparntwe (Alice Springs) and builds upon the long-standing residential AOD program delivered in partnership with the drug rehabilitation centre, CAAAPU. The community-based program represents a strong internal partnership between the SEWB Team and the Ingkintja Male Health Centre, and demonstrates how bi-cultural pairing and peer education can significantly enhance engagement and outcomes for Aboriginal men.
Grounded in a harm-minimisation approach and cultural responsiveness, the group combines facilitation by psychologists with the leadership of an Aboriginal peer educator. This bi-cultural model provides a culturally responsive environment where Aboriginal men can explore practical strategies for change, learn from lived experience, and strengthen their social and emotional wellbeing. Using CBT and Narrative Therapy approaches clients learn new life skills and create new narratives for their story going forward. This session will share insights into the program, lessons learned, helpful resources, and opportunities for future development.

Effectiveness/Acceptability/Implementation: This program was consistently voted the best program attended by clients of DASA residential rehab.

Conclusion and Next Steps: Service delivery to those people experiencing drug dependence is better when it includes facilitation by those with lived experience.

Implications on practice for First Nations communities: People experiencing drug and alcohol dependence often reach a point where imagining a different life feels impossible. Many have attempted change repeatedly, yet remain unsure what steps to take or how to navigate the complex and interconnected challenges they face — for Aboriginal people this includes the ongoing impacts of colonisation and racism, family conflict, relationship breakdown, domestic and family violence, housing instability, and untreated mental health conditions. Access to culturally responsive, evidence-based strategies and psychoeducation that honour lived realities helps open pathways toward different possibilities.

Disclosure of Interest Statement: No conflicts of interest are present