From Insight to Impact: Lived Experience Perspectives on How Health Behaviour Change is Reshaping Alcohol and Other Drug Treatment in Western Australia

Chair: Sascha Thal
Chair's email: sascha.thal@curtin.edu.au

Authors:
James Clarke[1,2], Louise Tarento[3,4], Becci Clarke[1,2], Phil Palmer[3], Sascha Thal[5],

1. Tenacious House, Perth, Australia
2. Active Autism, Perth, Australia
3. Pindari House, Perth, Australia
4. Growth Fitness, Perth, Australia
5. Curtin enAble Institute, Curtin University, Perth, Australia

Aim: Consistent with the conference theme, this panel uses storytelling as the vehicle through which lived experience, clinical practice and research converge to advance healing and systemic change. While many Australian AOD treatment facilities offer some form of physical activity, structured and evidence-informed health behaviour change programs addressing physical activity, sleep and nutrition are not systematically embedded in treatment. This gap persists despite growing evidence that these behaviours are interconnected and play a critical role in recovery outcomes. This panel symposium aims to explore how health behaviour change, encompassing physical activity, sleep and nutrition, can be embedded as a core component of alcohol and other drug (AOD) treatment and recovery in Australia. Through the stories and professional insights of lived experience facilitators who deliver health behaviour change programs in Western Australian residential treatment facilities, alongside the perspectives of individuals whose recovery has been shaped by these programs, the panel will examine what it means to integrate health behaviour change into AOD care from the ground up. The discussion will bring together lived experience, clinical practice and research evidence to consider the barriers to and opportunities for systematic implementation of health behaviour change in Australian AOD treatment settings. The panel will also consider what policy levers, including treatment guidelines and funding models, are needed to support systematic adoption.

Panellist 1: James Clarke
Panellist 1 email: james.clarke@tenacioushouse.com

Panellist 2: Louise Tarento
Panellist 2 email: louise@growthfitness.com.au

Panellist 3: Becci Clarke
Panellist 3 email: becci.clarke@tenacioushouse.com

Panellist 4: Phil Palmer
Panellist 4 email: phil.palmer@pindari.org.au

Detailed Description of Topics to be Discussed:

The panel will be structured around three interconnected topics. First, all panellists will share their recovery stories, reflecting on how physical activity, sleep and nutrition became central to their recovery, with experiences ranging from having access to structured support to navigating health behaviour change largely on their own. These accounts will illustrate both the transformative potential of health behaviour change in recovery and the consequences of its absence from formal treatment.

Second, two panellists who are personal trainers with lived experience of AOD recovery will describe how, having had to find their own way with health behaviour change during their own recovery, they came to develop and deliver structured programs in two Western Australian residential treatment facilities. One facilitator has delivered a co-designed motivational intervention grounded in motivational interviewing and self-determination theory at their facility for over two years, reaching more than 100 residents, and has since expanded the program to include sessions on sleep and nutrition. The other independently developed a parallel health behaviour change program at a separate facility after engaging with the co-design research, demonstrating organic uptake of evidence into practice. Both will discuss what these programs involve, the challenges of implementation, and how their lived experience shapes the way they engage residents.

Third, the panel will discuss how this practice-driven momentum has been leveraged through co-design approaches that align lived experience with scientific evidence, including the development of evidence-informed curricula grounded in established behaviour change theory, outcome research, and iterative program improvements informed by ongoing facilitator and participant feedback.

Discussion Section:

Throughout the panel, the chair will invite panellists to respond directly to one another's accounts, drawing out points of convergence and divergence between their perspectives. This dialogue between panellists will be encouraged before opening to the audience, so that the panel models the kind of cross-perspective exchange that is central to the symposium's purpose.

The final 20 minutes will be dedicated to facilitated audience discussion. The chair will open by asking how health behaviour change could be integrated as a standard component of AOD treatment in Australia, and what barriers remain. Audience members will be invited to respond, share their own experiences, and direct questions to individual panellists. The chair will actively seek contributions from people with lived experience, clinicians, and service managers, and may pose follow-up questions on topics such as the systematic integration of lived experience peers in delivering health behaviour change interventions, what effective research-practice partnerships look like, and how treatment guidelines and funding models would need to change to support broader adoption.

The discussion will be guided by three objectives: (1) identifying practical barriers to embedding health behaviour change in AOD settings, (2) exploring what scaled roles for lived experience facilitators could look like beyond individual facilities, and (3) considering how co-design and research-practice partnerships can support sustainable implementation.

Attendees will leave with a clearer understanding of why health behaviour change warrants greater attention in AOD treatment, practical insights from two established programs applicable to their own settings, and an appreciation of how co-design and lived experience facilitation can bridge the gap between evidence and practice.

Disclosure of Interest Statement:

JC has a paid position at Tenacious House. LT has a paid position at Pindari House and Palmerston as a fitness instructor and nutrition coach. BC has a paid position at Tenacious House. PP and ST have no conflict of interest to declare.