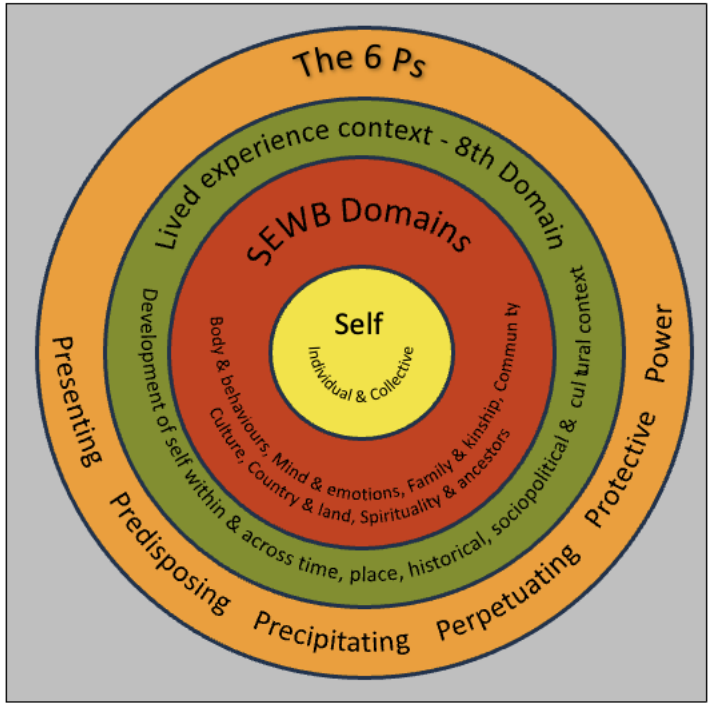
6Ps x 8 Domains

A decolonising case conceptualisation framework

For Indigenous Australian psychology



Mary Goslett & Joe Sproats

Acknowledgement of Country

We acknowledge the Muwinina people of the Palawa nation of Nipaluna as the Custodians of the land on which this conference is held and pay our respects to Elders past and present. We extend that respect to all Aboriginal and Torres Strait Islander peoples here today.

Mary Goslett: Budawang Yuin woman of the Dhurga language group

Clinical psychologist, psychotherapist & lecturer

Director AIPA, Professional Fellow UWA

Co-author:

- *Wangii Wadhan Biyay,* Decolonial Psychology (Routledge, 2025);
- *Listening More: Embedding Cultural Safety in Supervision.*

Joe Sproats: Ngarigo Elder & Registered Psychologist

45 years practice across remote & regional QLD

Director AIPA · Ngarigo Nation IC

Australian South Sea Islander (Lifou)

OVERVIEW

What we'll cover in 30 minutes

01 Why the standard 5Ps formulation falls short for Indigenous Australians

02 Introducing the 6th P (Power) and the 8th Domain (Lived Experience Context)

03 The relational processes that bring the model to life in the room

04 What this can mean for your clinical practice

FOUNDATIONS

Indigenous Australian ways of knowing

- 65,000+ years of sophisticated knowledge, Law and relationality → practice-based evidence
- First Law: custodial relationships with Country; land, sky, waters, all beings & non-beings
- Second Law arises from First Law: relationships between people themselves
- Selfhood is formed in webs of relationship that instill ethics, respect & reciprocity from birth

> Indigenous Australian cultures hold a profound dichotomy: individual autonomy held within relationalism, framed by mutual obligations.
>
> *Brigg & Graham, 2020*

THE PROBLEM

Euro-Western psychology's narrow lens

- Built on research with narrow, affluent, white, industrialised populations (WEIRD)
- Findings and treatment models universalised regardless of culture, identity or context
- Case formulations divorce individuals from their temporal, historical, cultural & social contexts
- Understandable responses to injustice become pathologised

"Understandable responses to these contexts become pathologised."

Seven domains of connection

- A multidimensional, holistic concept of health (Gee et al., 2014)
- Developed from grassroots consultation
- Shaped throughout by social, historical, political & cultural determinants

THE RESPONSE

SEWB in practice: reframing distress

Distress is understood as

internal psychic phenomena

AND

relational disruption caused by colonial forces

- SEWB includes determinants & human-rights based challenges, not just symptoms
- Healing plans can be built on strengths & imbalances in connection & belonging

A FAMILIAR TOOL

The 5Ps: a familiar starting point

Presenting	Predisposing	Protective	Precipitating	Perpetuating
The problem as it shows up now	Risk factors	Resources and strengths	What triggered it	What maintains it

- Weerasekera (1996), built on Engel's biopsychosocial model (1977)
- Dominates Australian psychological practice; offers structure, clarity, iterative case formulation

A FAMILIAR TOOL

Where the 5Ps falls short

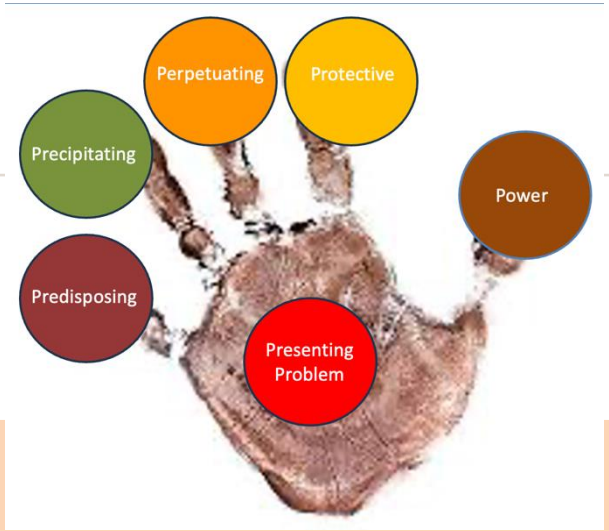
In practice, it is much more "biopsycho" than biopsychosocial. It does not account for:

- Spiritual injury
- Loss of Country
- Cultural suppression
- Colonisation & coloniality
- Intergenerational trauma
- Systemic violence & racism
- Who has voice
- Power Inequity & resource disparity

Used uncritically in colonised environments, the 5Ps risk misattributing systemic harm to individual deficit & pathology.

THE MODEL

Introducing 6Ps x 8 Domains



5 Ps + 7 SEWB domains + two additions

- **6th P: Power (& privilege)**

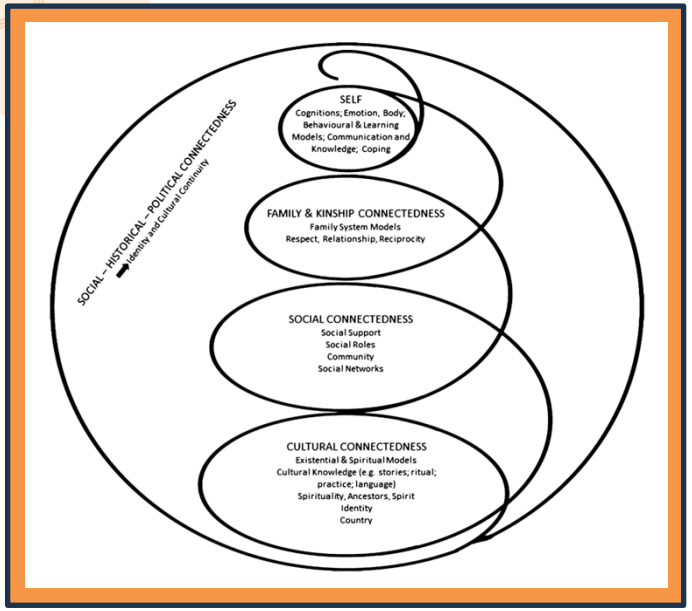
  The Power Threat Meaning Framework + the coin model of privilege

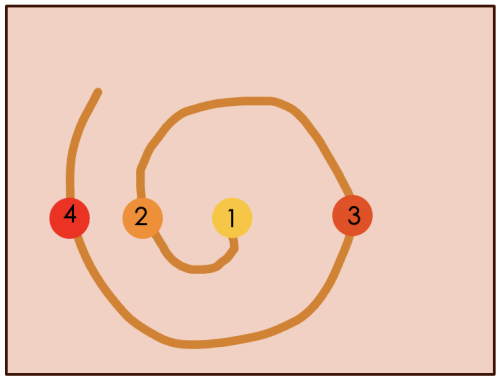
- **8th Domain — Lived Experience Context**

  Kilcullen & Day, SEWB & Understandings of Selfhood: Temporal, historical & socio-political determinants of connection

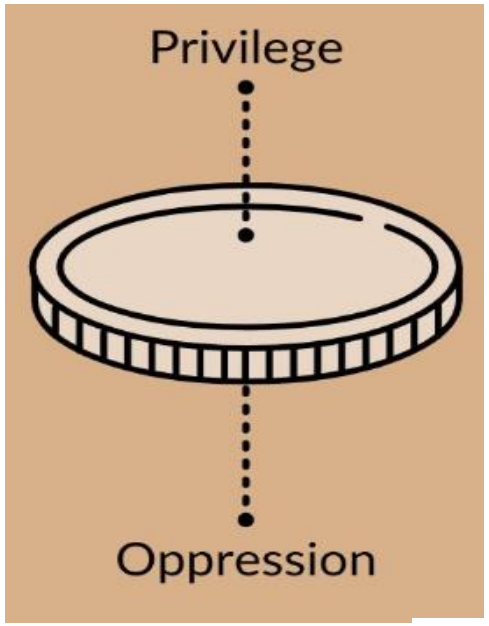
A matrix for decolonised, culturally informed and culturally responsive formulation.

6 Ps x 8 Domains

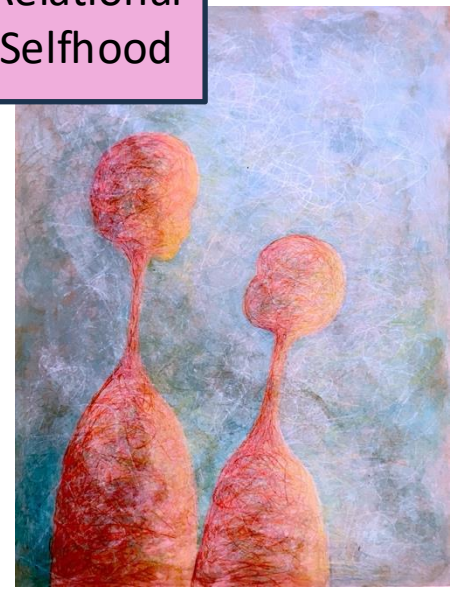


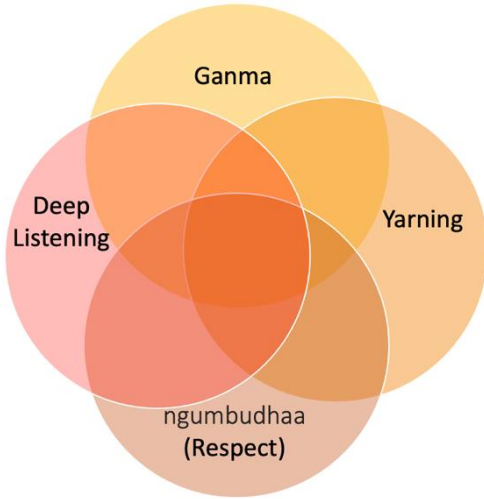


1. Presenting Problem
2. Precipitating & perpetuating factors
3. Predisposing & protective factors
4. Power & lived experience context – once trust is established



Relational Selfhood





6TH P — POWER

The Power Threat Meaning Framework

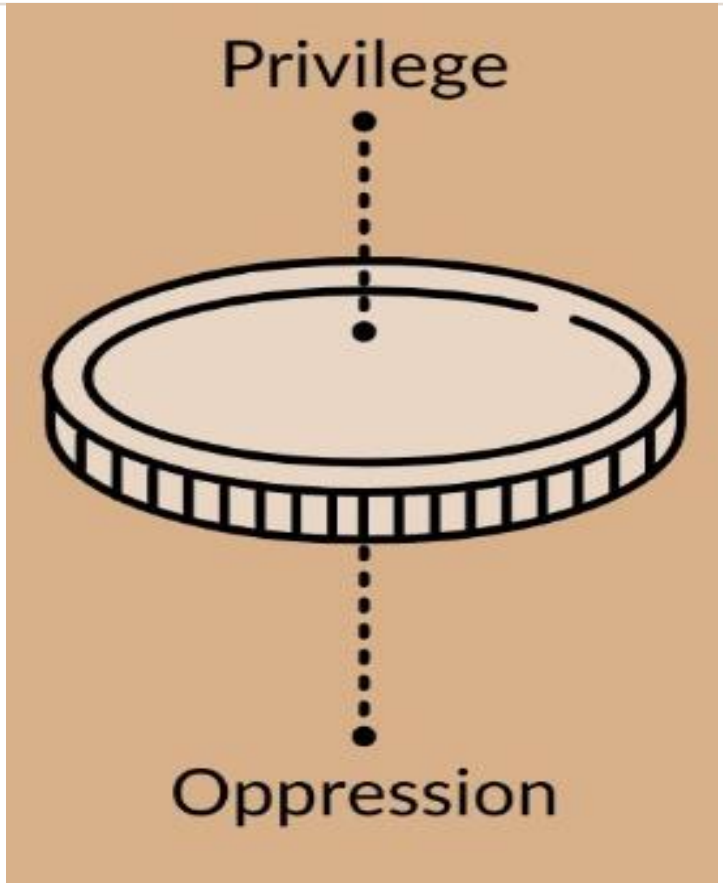
Distress as a response to psychosocial history and social injustice, not disorder

What has happened to you?	**How did it affect you?**	**What sense did you make of it?**	**What did you have to do to survive?**
POWER	THREAT	MEANING	THREAT RESPONSE

Two more questions draw out strengths: “What are your strengths?” and “What is your story?”

Johnstone et al., 2018; Division of Clinical Psychology, 2013

The coin model of privilege



two faces, one coin

- Health inequities cannot be individualised — reduced to genetics, biology or behaviour
- Privilege and oppression are equally unearned, structurally reinforced positions
- Intersecting forces: sexism, racism, ableism, settler colonialism, classism
- Shifts focus from individual deficit to embedded institutional inequity

Nixon, 2019

REFRAME

Reframing the clinical question

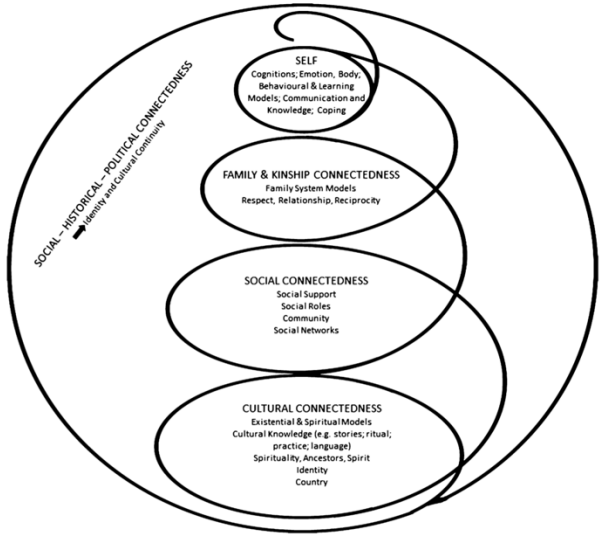
"What is wrong with this person?"

"What has happened to them?"

- The client becomes the knowledge holder, not the case subject
- Honours narrative sovereignty, cultural authority, self-expertise & community voice

8TH DOMAIN

Lived Experience Context



- Adds the determinants of SEWB directly into the formulation
- Maps a profile of strong or unbalanced connection across all the seven domains
- Draws on Kilcullen & Day's culturally informed case conceptualisation (2018)
- Informed by Bronfenbrenner & Morris's bioecological model: Process, Person, Context, Time

WHY IT MATTERS

"It is only by reaching an accurate understanding of the context in which problems (and strengths) arise" that a culturally informed formulation can be developed.

Kilcullen & Day, 2018, p. 282

Selfhood: autonomy held within relationalism

"A reflective self is a communal self: a self that understands how communal acts affect those around them, both human and non-human, over time."

Graham, 2023, p. 3

Individual autonomy held within relationalism

- Settler colonialism, genocide & ethnocide severed essential ties: decimated the source of Being for Aboriginal and Torres Strait Islander peoples
- Disconnection from Country is disconnection from self
- This severing continues to shape distress across every SEWB domain

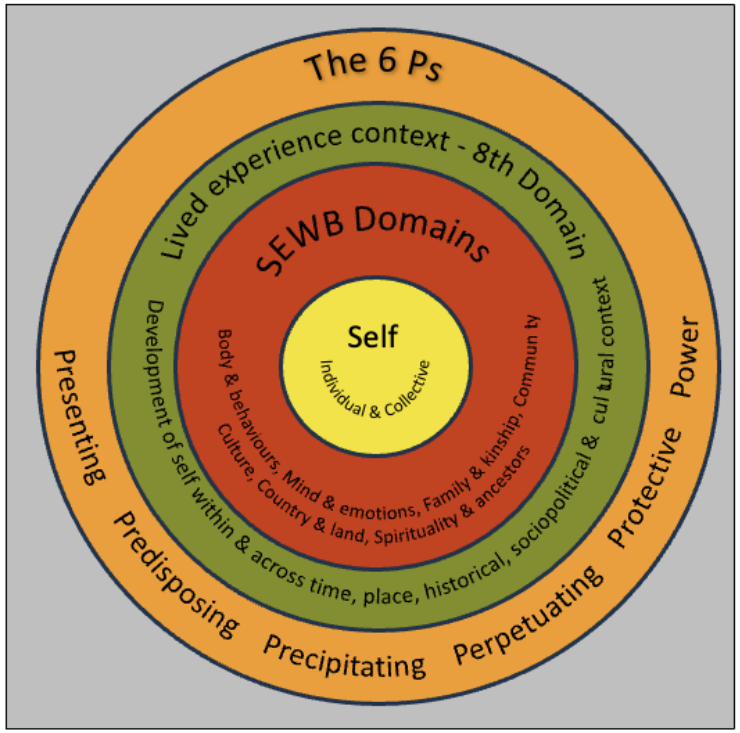
8TH DOMAIN

What the 8th domain asks: Lived Experience Context

Temporal	When did disruptions of connection occur?
Historical	What was happening in society at the time?
Developmental	How did selfhood develop over (that particular) time?
Socio-political	What policies, events and structural factors were at play?
Intergenerational	What was transmitted, lost, retained or survived across generations?

Just as self is both individual & relational, 1:1 therapy holds selfhood within networks of belonging & dis/connection

Individual autonomy held within relationalism



THE MODEL

The 6Ps x 8 Domains matrix

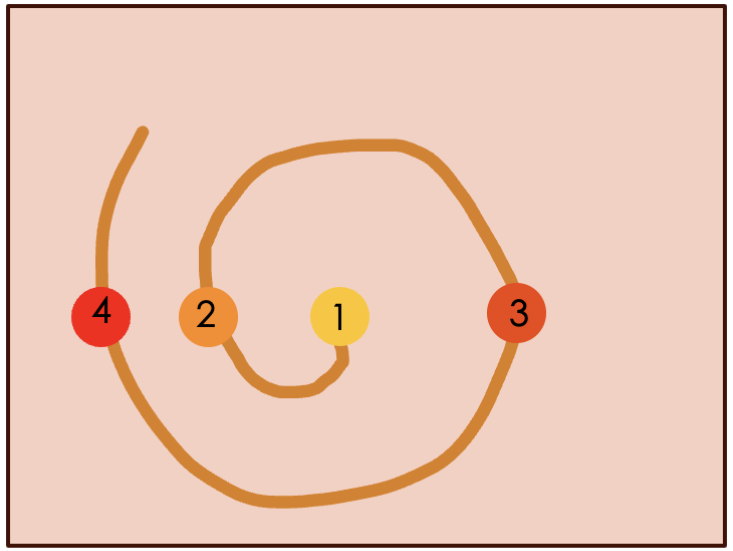
ıllustrative structure — a living formulation tool, not a checklist

	Country	Culture	Spirit.	Social	Family	Body	Mind	Lived Exp.
	Disrupted connection to Country							
Predisposing								
Protective		Cultural renewal, mentors						
Precipitating								
Perpetuating								
Power					Removal & incarceration disrupt kinship			

THERAPEUTIC APPLICATION

The crucible metaphor

Kuyken et al., 2008



1. Presenting Problem
2. Precipitating & perpetuating factors
3. Predisposing & protective factors
4. Power & lived experience context – once trust is established

1

Unfolds over time

Reliability and validity improve when formulation builds iteratively; not linear but iterative

2

Collaborative empiricism

The client (and family/community) holds essential expertise about their own context & meaning-making

3

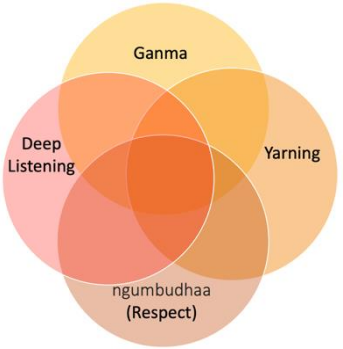
Strengths woven throughout

Client strengths provide both symptom relief & long-term resilience

Premature inquiry into colonial violence, before relationship is established, risks re-traumatisation.

RELATIONAL FOUNDATIONS

Deep listening



Dadirri

NGAN'GIKURRUNGGURR, DALY RIVER

Inner, deep listening and quiet, still awareness; a way of life, not a technique

Wangii

DHURGA, YUIN NATION

Being respectful and open to knowledge, & in turn is given more knowledge; walking with one foot in the spirit world

Winanga-li

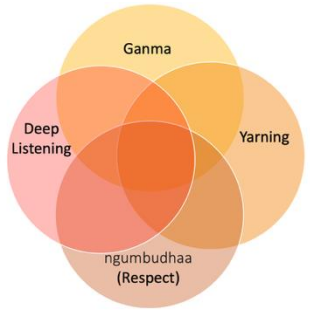
KAMILAROI

“I sit with you and understand you” - suspending answers to hold meaning jointly

Shifts therapist from leadership to custodianship of the co-created relational space.

RELATIONAL FOUNDATIONS

Ganma & yarning: two-way knowledge



Ganma

YOLŊU MATHA, ARNHEM LAND

- The foam formed when rivers meet sea, a two-way meeting of knowledges
- New knowledge belongs to no one alone; it is held and valued collectively
- Held too tightly, without respect and gentleness, it simply dissolves

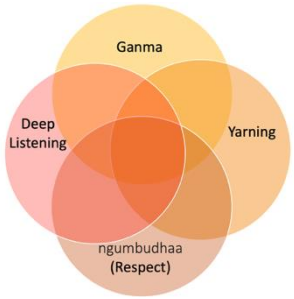
Yarning

A CULTURALLY GROUNDED PROCESS

- Structured storytelling bound by respect, cooperation and reciprocity
- Clinical yarning: social → diagnostic → management phases
- Challenges Eurocentric knowledge production; Indigenous Australians control the narrative

RELATIONAL FOUNDATIONS

Respect: ngumbudhaa & Yindyamarra



ngumbudhaa

DHURGA

To like, to love, to respect

Yindyamarra

WIRADYURI

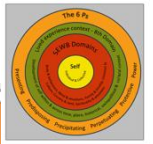
Respect, gentleness, honour; to do things slowly

Grant & Rudder, 2010, p. 485

Recognises the interconnectedness of all living things:

without Country & each other, we do not exist.

MATRIX

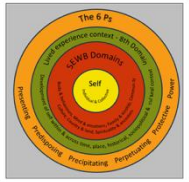


6 Ps & 8 domains	1. Country & land	2. Culture & heritage	3. Spirituality & ancestors	4. Social & community	5. Family & kinship	6. Body & Behaviours	7. Mind & emotions	8.Lived Experience Context
Description of Domain	Connection to land & Country is closely tied to spirituality & belonging & underpins identity. Feeling connected to country evokes a positive sense of wellbeing & soothes our spirit. Living in rhythm with Country keeps us strong.	Having relationship with aspects of one's heritage & personal, family & community stories. A connection to culture provides a sense of continuity with the past & shared wisdoms can provide direction & meaning.	Worldviews grounded in relationships with spirituality - story, ritual, ceremony dances & connection to person, L& & place. Spirituality provides a sense of purpose & meaning. Guidance from ancestors & respect for generational knowledge cultivates transgenerational strength.	Mutual obligations & responsibilities guide ethics & behaviours. Individual autonomy is held within reciprocity. Inclusivity & cohesion are grounded in interpersonal interaction. Cultural revitalisation can keep communities strong.	Kinships systems provide multiple carers & attachment figures, including Country. Gender & age roles are delineated & Elders are respected.	All elements of a person's life that is linked to their physical body - including the normal biological markers that reflect the physical health of a person. Includes the importance of optimal functioning of body, mind, heart & spirit. Felt or somatic sense of trauma & grief.	Emphasising staying strong & the importance of overall experiences & wellbeing. Encompasses mental, cognitive, emotional & psychological dimensions of human experience, as well as fundamental human needs – i.e., perceived safety & security, a sense of belonging, sense of control & mastery, self-esteem, meaning making, values & motivation	Every lived experience/life story is locational, specific, & valid at the personal, family & community levels. The broader socio-historical-political context & experiences of racism & trauma contribute to strengths, disruptions & ill-health.
Presenting Problem								
Predisposing (Risk Factors)								
Precipitating (more recent events)								
Perpetuating (maintaining)								
Protective								
Power (& privilege)								

Using the presented lived experience of ‘Jasmine’, first develop a (brief) 5Ps formulation, then add the 6th P & 8th domain

- Jasmine is a 26-year-old Murrawarri woman referred for anxiety and self-harm. She grew up in western New South Wales, was removed from her mother at age 4, moved through multiple foster placements, and returned to community at 19. Her grandmother, a language keeper, died while Jasmine was in care. She now lives in Brisbane, describes feeling 'invisible' in both urban and community settings, and has disengaged from an ACCHO after a worker applied a BPD diagnosis that she found dehumanising.

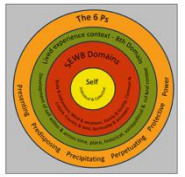
DEBRIEF



- Did the perspective of the 6th P & 8th domain deepen or broaden your formulation?
- Going back to your original formulation, highlight anything that only talked in terms of medicalised symptoms or pathologies without considering what might be an understandable response to structural violence or historical loss
- What did the 5Ps framework push you to focus on? What did it make invisible?
- What did the 6Ps framework push you to focus on? Did it make anything more visible?
- What would change in your usual formulations and in your actual therapeutic work if you began with “What has happened to you?” rather than “What symptoms are present?” (with Indigenous & non-Indigenous peoples).

LIVED EXPERIENCE

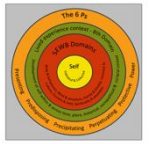
Formulation in Practice



Jasmine — 26-year-old Murrawarri woman. Referred for anxiety & self-harm. Removed from family at age 4. Grandmother (language keeper) died while Jasmine was in care. Returned to community at 19. Feels invisible. Disengaged from ACCHO after receiving a BPD diagnosis.

Standard 5Ps	6Ps × 8 Domains
Presenting: anxiety, self-harm Predisposing: childhood adversity, attachment disruption Precipitating: relationship breakdown Perpetuating: low distress tolerance, maladaptive coping Protective: intelligence, motivation	Jasmine's distress represents compounding relational disruptions across all 8 SEWB domains. Disruptions caused by child removal policy, intergenerational dispossession, & systemic failure to provide culturally safe care. The BPD diagnosis perpetuated colonial pathologising of survival. Healing begins with safety, cultural connection, & narrative sovereignty, not merely symptom management.

Same person. Entirely different clinical ethics, goals, and relationship.



FOR YOUR PRACTICE

Clinical take-aways

1 **Ask what happened, not just what's wrong**

Reframe the presenting question around power, history and context

2 **Let formulation unfold collaboratively over time**

Don't rush to power or lived-experience questions before trust is built

3 **Treat connection as co-equal with risk**

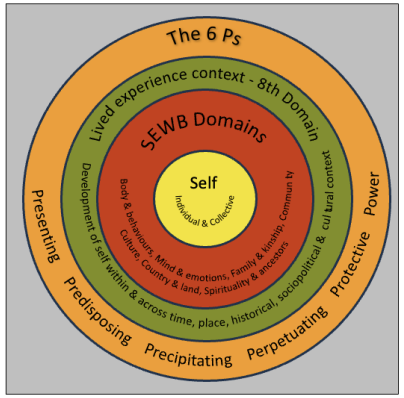
Strengths and belonging carry as much clinical weight as risk factors

4 **Build practice on relational foundations**

Deep listening, yarning, ganma and respect

CONCLUSION

Toward a truly biopsychosocial model



- A shift from biomedical, or “biopsycho”, to truly multidimensional biopsychosocial practice
- Symptoms are read as signals of relational imbalance, not just individual pathology
- Therapy becomes a relational, ethical encounter grounded in reciprocity and respect

“Where has connection been harmed, and how do we restore it?”

AIPA Stream

Brief Survey