What do Gestalt therapists do in the clinic: The expert consensus
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Madeleine Fogarty

Supervisors:
- Sunil Bhar
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Gestalt: a rich and diverse tradition

- There have always been significant differences in style, interpretation and application of Gestalt principles

- Even among the founders of Gestalt:
  - Fritz Perls was famously confrontational
  - Laura Perls was supportive of each unfolding moment and highly attentive to detail
The richness and diversity have flourished
- In many different languages
- In many different parts of the world: North America, Europe (East and West), Latin America and Oceania

For example, there are more than 200 Gestalt works included in the reference list for this study
- The reference list can be accessed at:
  - The British Gestalt Journal website
  - [www.madeleinefogarty.com](http://www.madeleinefogarty.com), publications tab
Call for a consensus approach: Parlett (2007)

I am thinking of students and trainees who have few stable guidelines after the elementary stage and other experienced professionals who want to grasp quickly what gestalt offers. If we want to take care of our collective contact boundary with “interested but not Gestalt educated others”, then surely we have to find more consensual rubrics for describing the approach, so we do not put off or confuse this group but rather attract and intrigue them. One need here is to return to practice more, to what we do, and to spelling out our understanding.
Diversity within common practice

“No two gestalt therapists will be the same, but both will be recognizable as gestalt therapists. . . - when was the last time you saw two identical oak trees!"(Mann 2010).

What are the key terms that gestalt therapists identify as core to their therapeutic practice?
What is a fidelity scale?

- A validated questionnaire completed by a third party to ascertain the degree to which a treatment method is being carried out according to its principles.
- A means of establishing that a therapist is practicing Gestalt therapy.
- Establishes compliance or treatment integrity (TI).
- There are rater scales for established therapeutic modalities, and also for “third-wave” modalities such as Mindfulness, ACT, EFT, DBT (Hayes, 2004).
Why do we need a fidelity scale for Gestalt?

- Evidence Based Practice (EBP) is necessary to demonstrate the efficacy of a therapeutic method, and to have that method supported by psychological associations.
- Randomised Control Trials (RCTs) are controversial, though necessary and useful (Burley, 2013).
- Recent developments in neuroscience are being used to support that methods like Gestalt do work (Siegel, 2015; Wheeler and Axelsson, 2015).
- But in order to make use of these developments there is a need to show that Gestalt therapy is being practiced.
- Treatment Integrity (TI) is the first step towards the validation of Gestalt.
Recommendations on the way TI is established, assessed, evaluated, and reported have been suggested and stratified into a staged continuum (Perepletchikova, 2011)

2 kinds of accepted scales can be used to establish TI:
- Adherence scales and Competency Scales (Ost, 2012)

Adherence scales:
- Often simple scales that can be used by clinicians, clients and third parties
- Must be based on an existing treatment manual (Hayes, 2004, Perepletchikova, 2011)
- Gestalt has no such manual
Creating a consensus in the international Gestalt community

- Delphi method
  - A research method to obtain the most reliable consensus of a group of experts

- An established method for complex decision making offering “structured communication” which provides:
  - feedback for individual contributions of information and knowledge
  - assessment of the group judgment or view
  - opportunity for individuals to revise views
  - degree of anonymity for the individual responses
Selection criteria

- Selection of “experts” – representative sample

- Selection criteria:
  - Gestalt trainer
  - Editor of Gestalt journal
  - Published books or articles in refereed Gestalt journal
  - Director of key international centre
  - International representation
First round:
- Survey invitations sent in September 2015
- More than 60 participants
- Quantitative feedback: 5 point Likert scale
- Extensive qualitative feedback

Second round: revising and refining many items
- Survey invitations sent in December 2015
- More than 60 participants
- Consensus determined by 80% agreement

Qualtrics online survey
Participants who agreed to have their name published

**Europe:** Austria - Nancy Amendt-Lyon; Belorussia - Elena Iasaja; Czech Republic – Anton Polak, Jan Roubal; Denmark - Hanne Hostrup; France - Vincent Beja, Gonzague Masquelier, Jean Marie Robine; Germany - Willi Butollo, Rosemarie Wulf; Italy - Gianni Francesetti, Margherita Spagnuolo Lobb; Russia - Maria Lekareva, Illia Mstibovskyi, Rezeda Popova; Sweden - Sean Gaffney, Ia Martensson Astvik; United Kingdom - Sally Denham Vaughan, Toni Gilligan, Phil Joyce, Dave Mann, Malcolm Parlett, Peter Philippson, Christine Stevens.

**Middle East:** Israel – Nurith Levi.

**Asia:** Japan - Norioshi Okada.
Latin America: Argentina - Myriam Sas de Guiter; Chile - Pablo Herrara Salinas; Mexico - Heather Keyes, Myriam Munoz Polit.


Oceania: Australia - Susanna Goodrich, Noel Haarburger, Tony Jackson, Judy Leung, Alan Meara, Brian O'Neill, Phoebe Riches, Richie Robertson, Claire Taubert, Greer White; New Zealand - Anne McLean.
8 key Gestalt concepts

- Awareness -> action
- Dialogic relating
- Working in the here and now
- Phenomenological practice
- Working with embodiment
- Field sensitive practice
- Working with contacting processes
- Experimental attitude
Every concept may be present (or not) in every moment of the clinical encounter.
Awareness ➔ action
Awareness leads to action, spontaneity and growth. The therapist supports awareness for the client and their life world and the process by which awareness is developed towards action. In this way awareness can be seen to increase self-regulation and contact with the environment. Awareness includes sensory and bodily experience as well as cognitive and emotional awareness. GT identifies three zones of awareness: Inner (feeling states), outer (contact functions: behavior, speech and actions), middle (thoughts, judgments, ideas). Each of these zones of awareness and their relationship to each other and the wider field is developed through the following 7 concepts
Given that the aim of developing awareness is central to all Gestalt concepts, no specific therapist behaviours were identified for this concept.
Dialogic relating
Relational perspectives have become central to contemporary GT practice. A relational approach is grounded in a contextualist framework in which human experience is shaped by context. Hence the concept of working relationally is not only focused on the therapeutic alliance, but underscores the meaning-making paradigm for GT. A contextualist framework is paradigmatic in working with the nuances of emotional process, therapist-client interaction, and enduring relational themes.

The therapeutic alliance draws on the concepts of “inclusion”, “confirmation” and “presence”. “Inclusion” requires the therapist to do more than empathically listen and attune to their clients. The therapist leans into the client’s experience such that they connect with the client’s existence as if it were a sensation within their own body. This is not a merging with the client, but a sensitivity that enables a visceral encounter between therapist and client. Inclusion integrates the therapist’s awareness of their responses to the client with a deeply attuned appreciation of the “otherness” of the client’s experience.
“Confirmation” involves a profound acceptance of the immediate existence and potential of the client. The therapist does not control the therapeutic encounter. There is no therapist goal or agenda (except that of increasing the client’s awareness). This does not mean that the therapist mirrors or agrees with everything that the client brings to the session. The therapist is committed to the dialogue and this includes genuine moments of dissonance, which are made transparent. The therapist is part of the relational field. This entails commitment to change, not only for the client, but also for the therapist.

The balance between this gently focused inclusion and commitment to the co-created space of the therapy session requires “presence”. “Presence” is evident in a grounded and assured quality in the therapist. Equally “presence” entails a willingness to be uncertain, to work with “creative indifference” and to offer support to the client’s expressive capacity. This lends an intrinsic ethical quality to the clinical encounter in which shared meaning making between the client and therapist is developed through an open exchange about how the therapist and client are affected by each other.
Shame and other disruption affective states can also be triggered within the therapeutic relationship for a range of reasons including when the therapist is attending to one aspect of the client’s situation, without maintaining attention for another co-existent (but possibly unnamed) aspect of their situation. These ruptures are evident in the withdrawal of the client from the process. It is important for the therapist to attend to ruptures in the therapeutic relationship through offering support and investigating the contribution that the therapist might make in co-creating a shame experience in therapy.
Dialogic relating: therapist behaviours

- The therapist follows the client attentively, tracking the awareness process and the client’s experience, not following a predetermined agenda.

- The therapist responds non-judgmentally to the client, creating the conditions that allow for the most effective client expression.

- The therapist demonstrates a willingness to be uncertain and to work with creative indifference.

- The therapist draws on their relationship with the client as the ground for challenge and growth.
Working in the here and now
Immediate experience is the essential material for healing and growth in GT. Laura Perls observed that the actual experience of any situation does not need to be explained or interpreted: It can be directly contacted, felt and described in the here and now. This is because the act of remembering the past or anticipating the future occurs in the present. Therefore, in the clinical encounter, references to the past or future are brought back to the present: Focusing on what and how the client perceives their situation now. As Gestalt therapists, we concentrate on "what is" rather than "what was" or "what will be", not because we wish to ignore a person's history or her future intentions. For example, in the case of sexual abuse the focus is primarily on how the abuse is being communicated now.
The therapist and client work together on the immediacy of a situation: exploring the many dimensions of the present behaviour or affect. This is particularly the case when the behaviour or affect is habitual or causes suffering. Exploration of moment-to-moment awareness of the present situation can assist in understanding the choices inherent in the broader context of the client’s life-space. The past may be considered relevant to this exploration, when the immediate situation is thematic of habitual or past experiences. However, the emphasis is always on the immediate encounter, such that if a client wishes to relate an event from the past the therapist would enquire about how it feels to tell that story now.
Working in the present supports the client to “stay with” his or her situation rather than shift or change it. This concept is reflected in the paradoxical theory of change that maintains that the focus of the therapy is not to change, but to embrace as fully as possible all aspects of an experience, by increasing awareness of that experience. The aim is not to change, but paradoxically to stay the same, and to more fully engage in that experience. Once full acceptance is reached, then change follows that process of acceptance.
The therapist enquires about the client’s immediate experience

The therapist supports the client to accept and deepen their awareness of their presenting issue rather than trying to change it
Phenomenological practice

other individual selves with which there is no shared experience with A or B

Larger Reality

elements of reality not included in one's own consciousness (= non-subjective)

Individual Self B

Experiences shared by A and B = sphere of co-action and karma (intersubjective)

Individual Self A
Phenomenological practice is more than simply validating the client’s subjective experience. It involves exploring the life world situations that the client brings to each session. This requires attunement to “the id of the situation” through enquiry and support for descriptive language that captures the embodied and sensate aspects of experience. This process may be guided by the method of moving from the general to the particular and avoiding abstraction. By using this method, the therapist and client are able to grow into the situation that they are exploring together and to observe which elements settle into the foreground against the background of the total situation. The main point is to stay as close as possible to the client’s experience and to stay with and deepen “what is” for the client.
This experiential focus takes place in the context of three major precepts of phenomenological investigation: bracket, describe, observe. The first precept is the rule of epoche, which entails bracketing the question of truth or falsehood of any interpretations of reality. The second precept is the rule of description, which discourages interpretations and promotes experience-close detailing of the immediate and concrete aspects of a situation. The third precept is the rule of equalisation. This rule requires the therapist to treat all observed data as equally important without assigning value or structuring a hierarchy.
Phenomenological practice: therapist behaviours

- The therapist supports the client to describe, deepen and become more present to their immediate sensation, affect, cognitions and/or somatic presentations.

- The therapist describes and validates the different experiences of the therapist and client.

- The therapist encourages the client to widen their choices rather than establishing a program for change.
Working with embodiment
Phenomenological practice is more than simply validating the client’s subjective experience. It involves exploring the life world situations that the client brings to each session. This requires attunement to “the id of the situation” through enquiry and support for descriptive language that captures the embodied and sensate aspects of experience. This process may be guided by the method of moving from the general to the particular and avoiding abstraction. By using this method, the therapist and client are able to grow into the situation that they are exploring together and to observe which elements settle into the foreground against the background of the total situation. The main point is to stay as close as possible to the client’s experience and to stay with and deepen “what is” for the client.
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Working with embodied awareness: therapist behaviours

- The therapist makes observations and enquires about the client’s embodiment (including breathing)
- The therapist invites the client to identify sensations, feelings, emotions, thoughts or images that emerge as a consequence of attending to somatic experiences
- The therapist invites the client to engage with their body through experiment
Field sensitive practice
Field theory is considered to be the scientific basis of GT and is fundamental to GT philosophy and method. Field theory is a way of analysing causal relations, such that any event or experience is the result of many factors in which every emerging figure of interest emerges from the ground of a person’s life-space. Figure and ground are not seen as separate entities but as embedded elements of the person’s organism/environmental field.
Field approaches focus on observing, describing, and explicating the exact structure of whatever is being studied in terms of its organization, contemporaneity, uniqueness, possible relevance and changing process. There are three important aspects of “field” in GT. First, the experiential field, where the client’s perceptions and immediate subjective experience are explored at the level of self-awareness. Second, the relational field between the client and the therapist. Third is the wider field including social, historical, cultural context (or life space) in which the client is situated.
Field sensitive practice: therapist behaviours

- The therapist investigates the ground (or context) from which the client’s presenting figure emerges.
- The therapist supports the client to identify how their perception of their environment and prior relationships and needs organize current experience.
Working with contacting processes

**Gestalt Cycle of Change**

- **Action** (to meet need)
  - **Projection**
- **Mobilisation** (prepare for action)
  - **Introjection**
- **Awareness** (of need)
  - **Deflection**
- **Arousal** (beginning of awareness)
  - **Desensitisation**
- **Withdrawal** (letting go)
  - **Confluence**
- **Satisfaction** (of needs)
  - **Egotism**
- **Contact** (meet needs)
  - **Retroflection**
In GT awareness can be increased by focusing on styles of contact. The contact cycle is one of the key concepts in GT’s understanding of how the organism reaches towards the environment and engages in the (full or partial) satisfaction or frustration of needs and attendant meaning making. As the client moves towards another (or towards a satisfaction of a need by reaching out towards the environment) there are certain characteristics of this movement that the Gestalt therapist is trained to identify as contact processes. Initially only four stages of contact were described: Fore-contact, contact, final contact and post contact. These terms were later developed into a heuristic tool: The cycle of contact/awareness/experience. This cycle describes the “ideal” interactive process of contact and withdrawal of organism and environment as involving sensation, awareness, mobilization of energy, action, contact, satisfaction (assimilation) and withdrawal.
This cycle can be useful in tracking the experience of figure formation and identifying relational patterns where a client may become habitually stuck. Early GT thinkers suggested that psychological disturbances resulted from interruptions to this cycle, which when completed satisfactorily is regarded as “healthy” self-regulation. Seven major styles of interruption to contact were identified: desensitisation, deflection, egotism (self spectatorship), introjection (swallowing rules or norms without consideration), retroflection (turning an impulse back on the self), projection (disowning qualities of the self and attributing them to others), and confluence. More recent GT thinkers revised this notion of interruptions as individualistic and inconsistent with field theory and refigured the contact cycle as styles of moderation to the flow of contact that might be adopted in any given organism/environment. Whether a contact style is useful or dysfunctional will depend upon the context in which it occurs.
The seven interruptions to contact were refigured on a paired continuum:
- desensitisation – hypersensitivity
- deflection – staying with
- egotism - spontaneity
- introjection – questioning/rejecting
- retroflection – expressivity
- projection – owning
- confluence – differentiation
Through this continuum, every creative adjustment to the environment is considered a form of self-regulation at the contact boundary. Observations about contact style are not based on the content that a client brings to the session, but on the way in which s/he brings it (or not), including the way s/he brings (or does not bring) his/herself to the therapist. The contact style emerges from the relationship between the therapist and the client. It is not a one-person event.

This formulation, of patterns of contact and creative adjustments has been further elaborated by European and North American writers. They suggest that the Gestalt therapist develop the ability to sense how the client’s intentions for contact move and shift so as to perceive the presence of an absence at the contact boundary of the therapeutic encounter. This involves co-operation between client and therapist to facilitate a new synthesis of awareness and create new meaning by focusing on experiential information that was previously not yet figural.
Working with contacting processes: therapist behaviours

- The therapist works with the client's interactional patterns as they emerge between client and therapist.
- The therapist and the client identify the figure together.
- The therapist co-creates a space in which the client and therapist explore how they are impacting each other.
Experimental attitude
Awareness can also be explored through working with an experimental attitude. Experiments are introduced from material that emerges in the therapeutic encounter. Experiments are co-created by the client and therapist and are graded for risk and challenge in a way that supports the client's capacity to engage with and deepen into their awareness. The therapist supports an experience where the client tries out new behavior, potentially leading to new meaning making and deeper awareness. The therapist is sensitive to the potential that an experiment may be shaming or rupturing of the relationship. The therapist works with the client to integrate material that emerges from the experiment. The result of the experiment produces a fresh figure of clarity for the client (a new awareness arises).
Experiments include:

- An invitation to exaggerate, minimise, repeat or reverse a bodily gesture or behavior
- Empty chair work: either with an aspect of self, or with a person with whom the client is relating
- Working with unfinished situations from the past by focusing on the internal structure of the therapeutic alliance
- Guided visualization
- Staying at the impasse
- Directing awareness to breath or bodily movement or sensations
- Creating a safe emergency
- Introduction of art materials, movement, music or imagery
Experimental attitude: therapist behaviours

- The therapist uses material that emerges in the therapeutic encounter as the basis for introducing experiments to develop the client’s awareness
- The therapist grades the experiment by eliciting feedback from the client regarding the degree of challenge and support that the client perceives
- The therapist supports the client to integrate learning and awareness that emerges from an experiment
Introducing the GTFS

Contact Therapy Fidelity Scale

<table>
<thead>
<tr>
<th>Refer:</th>
<th>Video:</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dialog relating</td>
<td>1. The therapist follows the client attentively, tracking the awareness process and the client's experience, not following a predetermined agenda.</td>
<td>☒</td>
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<td></td>
<td>2. The therapist responds non-judgmentally to the client, creating the conditions that allow for the most effective client expression.</td>
<td>☒</td>
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<td>3. The therapist demonstrates a willingness to be uncertain and to work with creative indeterminacy.</td>
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<td></td>
<td>4. The therapist draws on their relationship with the client as the ground for challenge and growth.</td>
<td>☒</td>
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</tr>
<tr>
<td>Working in the here and now</td>
<td>5. The therapist enquires about the client's immediate experience.</td>
<td>☒</td>
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<td></td>
<td>6. The therapist supports the client to accept and deepen their awareness of their presenting issue rather than trying to change it.</td>
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<td>Phenomenological practice</td>
<td>7. The therapist supports the client to describe, deepen and become more present to their immediate sensations, affect, cognitions and/or somatic presentations.</td>
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<td></td>
<td>8. The therapist describes and validates the different experiences of the therapist and client.</td>
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<td></td>
<td>9. The therapist encourages the client to widen their choices rather than entailing a program for change.</td>
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<tr>
<td>Working with embodied awareness</td>
<td>10. The therapist makes observations and enquires about the client's embodiment (including breathing).</td>
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<td></td>
<td>11. The therapist invites the client to identify situations, feelings, sensations, thoughts or images that emerge as a consequence of attending to somatic experiences.</td>
<td>☒</td>
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<td></td>
<td>12. The therapist invites the client to engage with their body through experiment.</td>
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<td>☐</td>
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<tr>
<td>Field sensitive practice</td>
<td>13. The therapist investigates the ground (or context) from which the client's presenting figure emerges.</td>
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<td>14. The therapist supports the client to identify how their perception of their environment and prior relationships and needs organizes current experience.</td>
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<tr>
<td>Working with contacting processes</td>
<td>15. The therapist works with the client's interactive patterns as they emerge between client and therapist.</td>
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<td>16. The therapist and the client identify the figure together.</td>
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<td></td>
<td>17. The therapist co-creates a space in which the client and therapist explore how they are impacting each other.</td>
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<td>Experimental attitude</td>
<td>18. The therapist uses material that emerges in the therapeutic encounter as the basis for introducing experiments to develop the client's awareness.</td>
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<td>19. The therapist guides the experiment by eliciting feedback from the client regarding the degree of challenge and support that the client perceives.</td>
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<td>20. The therapist supports the client to integrate learning and awareness that emerges from an experiment.</td>
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How does the GTFS work: a focus group

- 6 raters watched videos of clinical sessions with 4 therapists, 3 trained in Gestalt.
- While watching each video, the raters marked each therapist behaviour as either observed, not observed, or not applicable to this session.
Videos viewed by the focus group

- Jeff Young (2007)
  - Schema Therapy
  - American Psychological Association: Systems of Psychotherapy

- Bob Resnick (2013)
  - Gestalt Associates Training Los Angeles
  - European Summer Residential Training, Llubljana, Slovenia

  - Gestalt Therapy
  - American Psychological Association: Systems of Psychotherapy

- Michael Clemmens (2015)
  - Gestalt Therapy Australia, Melbourne
Mean scores for each video

- Jeff Young: 20%
- Bob Resnick: 80%
- Gordon Wheeler: 80%
- Michael Clemmens: 100%
The GTFS is now ready to be validated

A series of validation studies will be conducted around the world

Need to establish:
- Content validity
- Discriminant validity
- Inter-rater reliability
How can I participate?

- Recruit at least 2 other “raters”: ideally Gestalt trainers, but alternatively experienced clinical therapists who trained in Gestalt
- Organise a room with facilities for watching videos
- Give the raters a brief overview of the GTFS and how to use it
- Do a test run by getting the raters (including yourself) to rate excerpts from videos of two clinical sessions, one with a Gestalt therapist, one with a non-Gestalt therapist
- Get the raters to rate six 25 minute videos of clinical sessions
- Send the rating sheets to the researchers
- The entire process should not take more than 5 hours
To help you do this, the researchers will provide you with:

- Copies of articles explaining why and how the GTFS was developed
- A PowerPoint presentation that provides an overview of the GTFS and how to use it
- Copies of the GTFS rating sheets
- Copies of the two videos to be used in the test run
- Copies of the six videos to be used in the validation study
- Ethics approval from the Human Research Ethics Committee of Swinburne University of Technology, Melbourne, Australia
What will the researchers do with the data?

- The data from your study will be combined with data from other validation studies being conducted at the same time in other parts of the world.
- The researchers will be responsible for all of the statistical analysis of the data.
- The results of the study will be submitted for publication in an international journal.
By participating in the validation study you will:

- Help in the development of a research tool that is essential to the recognition of Gestalt therapy as an evidence-based practice in the wider community
- Have the opportunity to reflect on and deepen your understanding of Gestalt therapy, how it operates in the clinic, and what distinguishes it from other psychotherapeutic modalities
- Be acknowledged for your contribution in publications arising out of the research
Questions

More information:

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