

Mindsets, music and magic

Ian Florance meets Roberto Forzoni

St Pancras station seemed like a good place to meet. I waited on the upper level by the small statue of Sir John Betjeman, watching tourists photographing each other in that poet's hat-holding pose. More sensibly, Roberto Forzoni was standing by the more noticeable statue of two lovers. We finally located each other via mobile phone and settled down in a comfortable coffee shop to talk. Roberto had an appointment at the Magic Circle (of which more later) so

we only had an hour to trace his odyssey from environmental engineering to working with some of best-known teams and individual sportspeople in the country.

Psychology gives the biggest returns most quickly

'My parents were both Italian – my dad came to the UK when he was 18, my mum when she was eight. They were hard-working immigrants who wanted me to get a good job. My original option was architecture, but the required eight years of training to qualify put me off and I studied engineering at South Bank, getting a first class honours degree.' Roberto doesn't talk about engineering with much affection ('I left it after four years, disillusioned with the whole area') and his future was more formed by his interests outside work: playing football, DJ-ing and listening to music. 'I DJ-ed on Solar, a pirate radio station, and I've just remixed the people there and done some more programmes.' Roberto's website (www.robertoforzoni.com) calls music 'the soul of life' and, as became clear later on in the interview, this love of music influences what he does now.

'I started coaching football amateur teams in the mid-1980s and moved on to non-league teams like Croydon, Chipstead and Dulwich Hamlet. I was invited to start working with the youth academy at Charlton.' How did Roberto begin to start relating psychology to sports performances? 'I'd always thought

about psychology when I was coaching, but it became a more conscious interest. I'm a Spurs fan. I read a book in the '80s, *Team Spirit* by John Seyer, who had worked with them. It's still one of my favourite books. Spurs lost the League Cup Final in 1981/82 and in the following year appointed a psychologist, which was very early in UK sport.

'I went on a managers and coaches course at which Steve McLaren, England manager in '06 and '07, talked about the impact of psychology on football and I decided to enrol on a psychology diploma. Steve Coppell took me to Crystal Palace as first team coach then to Brentford as both first team coach and reserve team manager. He's a very loyal man and I also worked with him at Brighton. It was while I was at Brentford that I finally decide to do a master's degree in sports science at Brunel.'

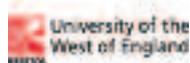
What finally convinced you to get so deeply into psychology? 'Coaches tend to look at technical, tactical, physical, nutritional and psychological factors when seeking to improve performance. It quickly became obvious to me that psychology gave the biggest returns most quickly. You can change someone's exercise regime and diet and you'll see some effect but, time and again in team and individual sports, it's what people think that matters. Let me give you an extraordinary example. I'd been working at West Ham with Alan Pardew but in 2006/7 they took on a new manager, Alan Curbishley, who I'd known at Charlton. The team was 10 points off safety at the bottom of the Premiership and had had only five wins all season, none away from home. Relegation seemed inevitable. I was brought in as a sort of last chance saloon! I had meetings with the players and they united to the extent that they won seven of their last nine games with four away wins, including beating Arsenal and Manchester United. They stayed up and offered me a job the next season.'

Why did it work? 'Certain players overcame the scepticism of the others and I was able to get the players to change



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their mindset and take responsibility for their own performances rather than just complaining. It was really exciting to see that happen. Alan implemented the suggestions they made without question – he was committed to making it work.’

Sports performers can be lazy

After his master's, Roberto was invited to lecture at Brunel while at the same time doing work at Brentford FC, which took a bit of timetable juggling on behalf of Brunel. ‘I also got my BASES accreditation at the time through my mentor and supervisor Costas Karageorghis.’ I point out that accreditation in sports psychology is rather complex at the moment, ‘But at least it's governed’ answers Robert. ‘There are very popular techniques around like NLP where you can just buy a book and start practising them.’ Its quite a long journey from an engineering qualification and Roberto talks about what he does now with immense enthusiasm. ‘My work now is about people rather than things which is both more interesting and more subtle and complex. I used to think social science was the easy option but I now know it isn't.’

Presumably sports people feel some resistance to psychology. ‘Less than they used to. It's far more accepted than it was when I started. My sports background helps me get taken seriously. But I've also proved the efficacy of these techniques in practice, so I don't have to blind people with theory and science. You'll fail if you try that. If you break a sport down into technique, tactics, physical readiness and psychology, which is a standard way of doing it, it's clear that you have to get the psychology right or the rest won't work. I've been around for long enough so there are plenty of managers, coaches and players who are prepared to back me. Finally, resistance varies from sport to sport. Golf, tennis and water sports, for instance, understand the critical nature of psychology to what they do. In others, such as football, people tend to see psychology as what “trick cyclists” do; psychologists are seen as doctors specialising in curing illnesses of the mind rather than people who build on positives. The positive psychology movement, and Martin Seligman in particular, which I've got very interested in, has helped me here. Translation of technical terms into something simple and down-to-earth is critical.’

Looking at Roberto's website it's clear he's been involved with a lot of different sports beyond football. ‘I had to do that for my BASES accreditation. I started

working with Olympic athletes at the English Institute of Sport, then with tennis players at the LTAs new state-of-the-art centre in Roehampton at the same time as I was working with West Ham. I had to pack in my lecturing. This has led to me working with a number of high-profile tennis players for a while, including Andy Murray. Tennis and football make up the majority of my work nowadays, but I've dealt with chess players, horse-riders, marathon runners and many others. I also have corporate clients. Every sport considers itself psychologically tough and some of the issues are the same, but in the end you have to use a palette of techniques to address what's often the key question. “I'm not really performing as well as I do in training. Why?” And, as I see it, just as you need overload and progression in physical training, you need the same structured psychological training.’

Can you expand on your approach? ‘It's a mix of positive psychology, solution-focused therapy, CBT and others. I use research and scientific rationale – Bandura's self-efficacy theory is one such example – to guide my methods. It's all about optimising. Almost invariably the reported problem isn't actually the core of the issue, so you drill down to that and then it's a case of working hard. The cliché is that sportspeople – and indeed performers in other areas – need to stay positive. But blind positivity – “If I just believe I can do it I'll break the record” – sets someone up for failure. It's a question of motivating people to work hard, which in itself is an interesting issue. I love working with passionate, driven people, but it's important to understand that some sports performers can be lazy. They believe they can get to the top by natural talent alone. They often talk a good fight but don't actually go the extra mile, such as turning up for early-morning training when they are in charge of their programme. It's there that I can help, to help build drive and motivation to complement talent. Key issues are mental toughness, motivation, composure at critical points and confidence.’

Do you just work with the actual athletes and players? ‘I have immense respect for the managers I've known and know. They are under huge pressure from owners, shareholders, fans and players and often work 18 hour days. They suffer self-doubt. Many of them have had no managerial training and develop management styles which are more or less effective. But people like Alex Ferguson and Fabio Capello are genuinely dynamic leaders, with a huge thirst for knowledge and with ways of managing quite young,

inexperienced, multi-millionaire players. Managers are gifted applied psychologists, and it's interesting that Sir Alex Ferguson is giving his first lecture at Harvard Business School round about now.’

Abracadabra

There were two more topics I wanted to cover with Roberto as more and more passengers streamed past the door on their way to Gare du Nord and Wellingborough. We'd mentioned the first earlier on and Roberto had related it to his work in sports psychology. ‘Music! As I said I love music and I even ran a club in the Kings Road from '89 to '99. It was called Roberto's.’ You seem to have done this at the same time as you were studying and managing/coaching. ‘I like to keep busy! At the moment I'm doing my PhD on motivational videos and the effect they have on sports performance. I create videos for each trip by a team. They're often shown on the coach before arriving at a match. I also make videos for tennis players. I started dubbing music onto these and, because I have wide and sometimes obscure tastes, especially in dance music, I choose some fairly unknown motivational tracks which really have an effect. You'll often see players arriving at games with head phones on, using music to psych themselves up, cut out distractions or even to create them.’

And the other topic was... ‘Yes, I have to go to the Magic Circle. I was interested in magic as a young teenager and I've kept it up, I do magic and mindreading shows. And, of course, it helps break down barriers with clients. You can sidestep scepticism of psychology with a well-chosen magic effect: They ask, “How did he do that?” I love psychology-based magic and a lot of magic adjusts perception and memory in the same way as psychology.’

Add that to the fact that Roberto writes regularly for magazines and newspapers, and reads widely on motivation, business theory and psychology research – Roberto is someone who practises what he preaches, hard work.

I walk back through the early evening crowds to St Pancras underground station. Having interviewed a performance psychologist specialising in working with actors, musicians and dancers a few days before meeting Roberto (see ‘Careers’, July), it struck me that psychological approaches are affecting far wider areas of society than when I started in psychological publishing in the late 1970s.

Looking for the light at the end of the tunnel

Bronagh Hannon presents a personal perspective on the long and winding road from graduation to that prized clinical psychologist post. Are all the trials and tribulations necessary, and what might be more appropriate?

Graduation is over; time to look at the next step along my chosen path to becoming a clinical psychologist. I move back home and begin what becomes a challenging journey.

As a stepping stone to being accepted for formal training, I need to start with practical experience relating to mental health. My siblings are medical doctors and this sets me thinking: 'As a psychology graduate, why can't I follow a similar path to medics and move seamlessly into foundation training and then choose a specialism?' Whilst accepting there will be different technical skills and training, surely the attributes needed to successfully practise in both spheres are similar – the need to be caring, compassionate and committed as identified in the Francis Report. But the routes are distinctly different, so off I go to the Job Centre.

According to my Job Centre adviser, research assistant and clinical assistant jobs are not acceptable for meeting their search criteria as they are considered 'not realistic goals'. Forget about my upper second in psychology, or that these roles are needed to pursue a doctorate in clinical psychology, I have to start lower down. Before I have even tried I am told not to bother, which sets me wondering – are these advisers interested in career development and aware of the need for psychologists in the health service, or only concerned with reducing the ranks of the unemployed? Never mind, let's comply and stay focused.

So here I am, searching for care or support worker roles, competing with people who dropped out of school at 16, feeling my degree is worthless. How I resent the inequality with my siblings' training, and wonder how would it be received if all prospective medical students were required to do some form of care work? Surely, this would improve their communication skills, their empathy and their levels of care. Perhaps it would be a better way to distinguish those straight A* students who also possess people skills, given that many medics struggle with their bedside manners. I grudgingly accept that I must do this type of work, not convinced of the skill sets it will help develop. While the Francis Report acknowledges that care and support work is appropriate experience for entry into

the nursing profession, why does it not identify such a requirement for doctors? Why the inconsistency – are we not all in this together?

The Job Centre identifies opportunities in care work. The application form is basic, within days I am called for interview. I research the company – I needn't have bothered, the interview is a formality to check that I'm not a serial killer. I start training next week. I am thrilled to be finally employed in an 'appropriate' role.

Delights of training

Training takes four days. If care work isn't much to take forward in a psychology career, meeting my co-workers at least is a good start. It's a whole new world where people think McDonalds is a healthy balanced diet, and then there's the woman who excused herself to ring the police in order to rule herself out of a murder inquiry. I hope I'm never in need of care.

Time is largely taken up with procedures and process with a heavy emphasis on risk assessment and avoidance of litigation. Little reference is made to the values and standards of compassionate care.

At one stage, the trainer talks about mental health. 'Finally,' I think, 'something of interest.' Clinical depression, he informs us, is now known as bipolar disorder. 'And do you know who discovered bipolar disorder?' he asks, grinning, proud of the nugget of knowledge he is about to impart, 'Stephen Fry!' My head is in my hands, a 2:1 in psychology to end up here! I doubt whether this four-day session would pass the Francis test but let's see if the 'care experience' will.

My first call varies from 6am to 7am for a client who could be half an hour away. For the next few hours I get people up, showered, fed and medicated, usually within a half-hour call, sometimes only in 15 minutes. The rota leaves no travel time between calls which, in rural North Yorkshire, regularly take 20 minutes. I rush around, getting further behind throughout the morning until the final breakfast call is closer to lunchtime. As my last client cannot get out of bed

herself, she is in tears thinking no one is coming.

The next couple of hours I return to morning clients. I get their lunch and give medication, all within a tight 15-minute timeframe. I am behind again; the planned two or three hours off later in the afternoon is reduced to an hour and I have no chance to get home for food or rest.

From 4pm it's the tea/dinner calls. The same again; prepare and serve a meal and give out medication, all within 15 minutes. But this call has a new twist – persuade the client that they need it, for most people half four is far too early to be eating dinner!

My bedtime calls, which start at 7pm, often confirm my fears. Cold half-eaten dinners have to be disposed of before getting the client washed and into their pyjamas. Sometimes I prepare a snack or hot drink if I have time before shutting the blinds and turning down the bed. Since it is winter, 7pm is dark and it does not seem so bad, but in summertime it must be horrible to be ready for bed so early.

So that's my day. Up to 18 hours away from home, probably two hours break total, for eight hours pay. I often have three days in a row like

this. With low pay, long hours, tight time constraints and a zero-hours contract, it is difficult to find any positives. There is no leadership or supervision to provide advice and support. Personal attempts to improve the planning and delivery of care through feedback to the company fall on deaf ears. I feel isolated and undervalued, left to cope on my own. I quickly realise that the only appeal of care work is the satisfaction of helping people, but company conditions often result in people crying when I'm supposed to be helping them, and it's out of my control. There are just not enough staff and enough flexibility to avoid being late, leaving clients stuck in bed for hours and often upset when I arrive. I regularly see elderly people for whom I know I am their only visitor that day, but I am in such a rush that I barely get the chance to ask how they are. If I stop and chat it will only impact upon the next clients, making me later still. Anyway, I am often far too tired

"striving to become a clinical psychologist is a significant gamble"

and emotional to be dealing with sensitive or difficult clients. Like the man who makes most of the carers cry talking about his wife who has passed away, or those who are so bitter about life and take out their situation on us.

So, in spite of all the negatives, what have I learnt? With practice, I learn how to connect with clients, sometimes through something simple like getting their dog to like me, or getting them to talk about a favourite topic. Now I see some relevance for a career in clinical psychology. But conditions create a very unhappy and stressful work environment. Carers have no control over the rota but have to deal with the fallout. I apologise for being late most calls, if only the office would bother to pass on that you were running late, or better still have a rota that is achievable! How much more enjoyable caring work could be. Most of the clients understand it is down to the company not the carer, though there are some who give me abuse which, after a stressful and tiring day, is difficult to deal with. The satisfaction of helping people and the benefits of flexible working are both lost through company policy with their precious zero-hours contracts. Work the hours you are given or risk being given minimal hours next week. It is impossible to have a social life... just as well I can't afford one. Between the payment for the CRB check, the uniform and the petrol I put into (Mum and Dad's) car, I have spent hundreds before getting paid. I am unsure how anyone could keep this job up for long; even the ones who love care work tell me how they struggle. My chief new skill is being able to function sensibly on very little sleep. I begin to think those aspects of the work that may relate to clinical psychology could be found in any job where people are involved. With the working hours and stress making it so much harder to keep smiling, I have had enough.

Moving jobs

I had registered with Community Service Volunteers (CSV). They offer me a placement as a support worker for adults with learning disabilities in Scotland. I cannot wait; anything has to be better than care work.

My new role is to support adults to live independently in shared homes.

Practical skills gained in care work come in useful but there is far more. I start working for three women who are physically able but have some cognitive disabilities. I get to see a variety of problems and behaviours. Working with these clients feels much more relevant to clinical psychology.

There is a lot of induction information – backgrounds on each client, a health log. It is good to read reports from their psychologist; it finally feels like I am getting somewhere. Compassion and caring are repeatedly emphasised by my

trainers in addition to the need for good communication with my supervisors who are approachable and encourage feedback.

I still cook for the service users, clean up after them or encourage them to clean and then go and clean up after that. I still give out medication, help them shower and dress. But I have time to do it properly and

sympathetically. I take them out to activities and get the opportunity to get to know them. I feel valued and, with time, increasingly enabled to use my own initiative, growing in confidence. I am learning. For example, finding the right way to ask someone a question when you know that they will always say no, or say what they think you want them to say, does help me to think more about and improve my communication skills.

This is a more enjoyable and relevant experience, with the bonus that I have more money from my volunteers' living allowance than I ever earned working 40+ hours in care work.

Lessons learnt

My nine-month volunteer placement is over. Looking back over my care and support work, I acknowledge that, although different, they have helped me develop personally and professionally. Dealing with challenging people has toughened me up, I've learnt to control my emotions, I have better empathy to connect with clients which has been key to improving my communication skills.

My commitment to pursuing this career is as strong as ever. I am hopeful that this hands-on experience, combined with my university training, will demonstrate that I possess the appropriate values, attitudes and behaviours to become a clinical psychologist. However,

after 18 months I now feel like my brains are turning to mush and I wonder how I will return to academic work. That doctorate seems as far away as ever. It seems to me that the requirement for (questionable) relevant work experience serves only to narrow the selection of people available for this career, depending more on affluence and unrelated personality traits than ability. My fellow graduates who wanted to train as clinical psychologists keep themselves solvent through unrelated work, trying to fit in volunteering around it. Their 'day jobs' have become permanent and lucrative, until they have given up on their original aim. I regularly face questions such as 'What will you do if you don't manage it?' or 'How long will you keep trying before you give up?' Anyone would think I was a hopeful X-Factor contestant! Indeed, striving to become a clinical psychologist is a significant gamble.

The pathway into clinical psychology pre-dates but is similar to that now recommended by Francis for nursing. Surely it's time to articulate guidance on the selection criteria for recruits and to identify a range of pathways to obtain and develop the necessary skills and competencies. Without being overly prescriptive, it could give more direction than the current ad-hoc process which is so open to pitfalls, especially so now when aspects of the 'caring profession' are attracting such adverse publicity. I wish I hadn't enthusiastically rushed into private sector caring with its zero-hours contracts, minimal training, supervision and pay, and with its emphasis on profit as opposed to compassion. A learning experience, yes, but one that I could probably have got in any job involving working with people. The route to that doctorate needs modernising to reduce the career gamble it is at present, with clear guidance and opportunities to get appropriate training and experience.

If my experience in Scotland is typical, there is only one clinical psychologist for learning disabilities covering a huge population. Access to this support was almost impossible for my managers. Mental health has one of the smallest portions of the overall health budget. It is also one of the most oversubscribed career choices. The solution seems so obvious and yet it does not seem to be happening. The profession should be more proactive and enabling, and remove the controls that appear to focus on endurance rather than suitability.

So now I am home again, back at square one, ready to move to wherever the available jobs are next. Hopefully this time it will be as an assistant psychologist.

