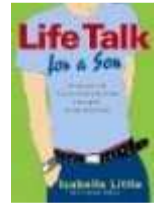


Life Talk Forum Parents' News2



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(issue 2) ©Izabella Little

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FORUM BACKGROUND

The Parents' Forum provides parents with information and with the opportunity to discuss issues and challenges that affect teenagers' lives.

Author of the *Life Talk* books, Izabella Little, co-ordinates the Forum, and the format is primarily electronic, with input from parents, teenagers, and a network of experts comprising counsellors, psychologists, principals, teachers, experts in drugs and alcohol, and other expertise that may be required. (See panel members below)

ISSUES RAISED SINCE FIRST NEWSLETTER

The Forum received a huge response following the publication of our first newsletter in September. (The main issues covered: teenage drinking; clubs; drugs; cell phones; porn; pocket money; and communication. If you didn't get the newsletter, [email us](#) and we'll send you one.)

Specific questions have been answered under Q&A, whilst more general issues are summarised as follows:

DISCIPLINE & BOUNDARIES

Many parents describe their struggle with the issue of discipline and boundary-setting. Working parents and single parents often feel guilty about not spending enough time with their children and as a result frequently hesitate to apply discipline or enforce consequences following the breaking of rules. Some parents who themselves had overly strict parents also struggle.

A common message from many of the counsellors we speak to centres around the increasing lack of discipline at home. "Instead of compensating for the lack of family time spent, an environment without boundaries or consequences contributes to so many of the problems (eg drinking, drugs, violence and bullying) experienced by teenagers today."

"Boundaries ultimately build stability. By providing reasonable and defined do's, don'ts, and consequences, teenagers learn to respect the boundaries and to take responsibility for their actions. They also ultimately feel a greater sense of being loved, as they know that someone cares for them and their well-being."

Margaret Logan comments: "At a deep level, children know they're not omnipotent and secretly crave the knowledge that they can fall back on 'blaming' mom and dad when peer pressure gets too scary. Negotiation over rules and their consequences, if discussed at a non-crisis time, can make adolescents feel valued and give them a measure of control over their choices, thus teaching them responsibility. It's vital to remember that friendship with one's children does not take away parenting responsibility. They can have many friends, but they only have one set of parents!"

The comments just made by Judge Hugo in the Margate trial of murdered 16-year old Kalin Jooste trigger an interesting debate about her guardian's (and the clubs') responsibility in the crime, in terms of having let the two underage girls go drinking at clubs and then wander home alone at 3am. He says that allowing them to do so "is a crime in itself".

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DEPRESSION AMONG TEENAGERS

Many emails came in about depressed teenagers, and reasons include: bullying; parents' divorce; academic difficulties; fear of failure; and broken friendships.

Tom Burkhalter says: "Essentially depression is a depressed mood, involving a sense of gloom, sadness, hopelessness, misery and often unmotivated tearfulness. The depressed child generally experiences a loss of interest in things that have usually interested him or her. The child would present as lacking in energy, may have slowed up body movements, be passive and apathetic, and can have either excessive sleepiness or more commonly impaired sleep. He/she may experience self loathing and self doubt, and see himself as inadequate or worthless. In some children there is often a disturbance in appetite, usually in diminished appetite and often weight loss. Children who are depressed also often exhibit school problems, loss of concentration and a drop in academic performance. Social withdrawal, irritability and occurrences of aggressive behaviour may also be common."

"Depressed adolescents often do not present with depressed mood, but with anxiety, panic attacks and somatic symptoms such as stomach aches or headaches. Conversations with such adolescents will however usually reveal a depressed mood."

"'Normal adolescence' will at times present with depressed mood, insecurity, apathy or aggression amongst other symptoms, and this should not be seen as clinical depression, unless these symptoms are out of proportion to events in their lives at present. Eg, it is appropriate to have some of these symptoms, for a period, after a relationship break-up, after a fight with a close friend or with one's parents, or before exams."

"It's often difficult to diagnose depression as adolescents are prone to masking their depressed feelings through denial, a tendency to act out feelings and an avoidance of dependency and helplessness (ie: running away, boredom, sexual acting out, drugging, restlessness, aggressive behaviour), and this may obscure their level of distress. Symptoms can also vary greatly from one child to another. As a result, as a parent, it is important to be attentive and involved in your child's life (though not intrusively so, or with excessive anxiety), in order to note changes in disposition and behaviour that are uncharacteristic. Note too that where there is a family history of depression, children with such histories are more vulnerable."

"Should these changes be evident, consulting an appropriate professional is recommended. Although preoccupation with death is not uncommon in adolescence generally, suicidal thoughts, feelings and actions should not be taken lightly and should be responded to immediately."

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DRUGS & ALCOHOL

Drugs and alcohol are everywhere. At schools, malls, clubs, parties, and at friends' houses. Some counsellors express concern that "many parents don't realise the extent of drug and alcohol availability and use, and some parents prefer to be in denial than to face the realities."

Some counsellors face fierce criticism from parents for being the messenger of the bad news, and are told that they're exaggerating the situation. Based on emails we receive, the situation is indeed becoming increasingly serious and counsellors are not over-reacting. We hear so many heartbreaking stories from the full spectrum of cultural, religious and income groups – and from the wealthiest private schools to those in poor communities. No teenager can be assumed to be totally safe.

Drug and alcohol use among our teenagers is as much of a threat to their well-being as are global warming or carcinogens. If we are to truly address this threat it needs to be given far greater priority, exposure and action, by government, schools, parents and others.

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CELL PHONES

An excellent "Parents Guide to MXit" is now available. Written by Raymond Thomas, online behaviour expert at NFTUcation the guide explains MXit as well as how it

impacts your relationship with your child, and the probability of addiction and abuse. To get a copy go to www.onlinesafety.org.za .

An excerpt from a paper by Dr Pieter Streicher who sits on the committee of the Wireless Application Service Provider Association (WASPA) says: "The burning question for the SA wireless industry is: where should parental control to the mobile Internet be put in place and should the responsibility lie with the network operators, mobile content providers, or with parents? Among the three network operators in SA, only Vodacom has an adult content management system that allows cell phone users to block access to certain mobile adult content services and websites. Parents can limit their children's access (on Vodacom) by dialling *111*123# from the cell phone they wish to block."

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GRADE 8: A TOUGH YEAR

In answer to many letters, Liz Norman writes: "Grade 8 is a difficult year for many boys and girls. It is very important for parents to spend time continuously communicating with their children to find out the potential sources of their anxieties. This can be an exhausting process as this is the age where adolescents tend to withdraw from their parents and speak to them less and less, so parents need to be very creative in ways of communicating and not just give in to shouting."

"This is also the stage when hormone development and physical growth reach a peak, whilst at school a vast number of new pressures and demands are placed on them. They're expected to take on more responsibility for managing their time, extra mural activities, friendships, increased work load and, if they've changed schools, coping with being the youngest in a new High school."

"Many have great hopes and dreams about this important year, only to find that the reality is not what they expected. Friends change, bigger kids can isolate and torment them, and the peer group becomes a powerful source of affirmation and pressure. There is a deep subconscious fear of being alone in this phase and a very real attraction for testing where one fits in the pecking order of peer relationships. And if the 'group' chooses to isolate a child, it can be very hard for even 'good kids' to find the courage to resist."

"As a result boys and girls often gang together and pick on some unfortunate child who may be different to them in some way. Differences can be minor (not having the right lunch box or pen), or more major in terms of religion, moral beliefs, or TV viewing habits. Life can be hard if a child with strong values refuses to acknowledge the power of the group and chooses to remain on his/her own."

"Sadly, many children do **not** have a strong moral compass in their own lives and, sadder still, many do not have parents who are able to help them develop one. It's easier for some parents just to give in to the demands made by the group (to go to the clubs/mall etc), than to spend time with their child teaching them why being different is 'okay', that rules and laws are there for a reason and that parents **should** be the ones saying '**no**' to many adolescent demands."

"For parents whose children are struggling, encourage them to discuss the reasons and brainstorm potential ways **they** can manage the situation, including the option of approaching a teacher, counselor or principal. If they feel they can't do this, parents need to discuss the options of them meeting with staff. Leaving the school is a drastic move and while it might solve a short term problem, it does not teach the child problem solving skills and dealing with peer pressure. I would also suggest seeing a professional counselor or psychologist who can help establish what really is happening and help the child (and the parents) find ways of coping."

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QUESTIONS ANSWERED BY PANEL MEMBERS

Email questions to our panel at: forum@lifetalk.co.za . (Questions are submitted on the understanding that all advice given is given in good faith and the advisors/panel members take no responsibility for any consequent actions arising therefrom.)

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1. Q: I've discovered that both my 14 year-old daughter and 16 year-old son are having sex. This in spite of many discussions about the benefits of

abstaining. What do I do?

A: LIZ: I would suggest very frank talks with both the children, their partners and their partners' parents. If children are "grown up" enough to engage in sexual activity, they need to be made aware that they have to also be responsible enough to be part of an adult conversation about consequences, precautions, health risks, and also discuss what should happen if there is a pregnancy. I would also suggest that the children are taken for tests for STI's and that they are told that the responsible thing to do is to have this test once a year. I would also encourage them to re-visit their thoughts about abstaining. Just because they have been sexually active does not mean they need to continue being so.

2. Q: The kids in my daughter's co-ed class still believe that condoms are unnecessary if girls are on the Pill. Why don't they believe the educators?

A: LIZ: Adolescents do not believe anything bad will ever happen to them, it always happens to other people! They still believe AIDS only happens to others and their real risk is pregnancy. Unless parents start supporting the educators and add their voices of concern, pupils will continue to think that teachers know nothing anyway. Too many parents have abdicated responsibility for sex education to the educators alone which makes this battle a very hard one.

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3. Q: My son and his friends say oral sex is popular as "it's not really sex, girls can't fall pregnant & there's no HIV risk." They brag about "getting it" from many girls at parties and at school. I'm shocked and can't understand why these girls do this.

A: LIZ: See question 2. Oral sex seems to be reaching epidemic proportions as far as adolescent sexual activity goes. Both boys and girls seem to have become insensitive to this act - they perform on each other in public, with multiple partners, and have no sense of feeling devalued. Girls don't seem to think there is anything demeaning about it and boys see it as some sort of trophy to brag about.

It seems that society has encouraged/promoted sex and sexual activity by allowing such easy access to pornography and by using sex as a way to sell products. Add to this the gradual decline in moral values, the breakdown of the traditional family structure, the undermining of parental supervision, the disregard for human life and the glorifying of media stars' inappropriate public sexual behaviours – and we are reaping the rewards of what we have sown. I'm not suggesting that we rejoin the Victorian era, but we need to encourage parents to spend time talking to their children, developing relationships with them that include discussions about values/morality/health risks in relationships, as well as learning to make responsible choices about a whole host of things, including sexual choices.

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4. Q: I asked the kids I teach why there's so much drinking & drugging. They replied "everyone is bored and there's nothing to do". We had no TV, cell phones, internet or malls, yet we were never so "bored". What's happening?

A: LIZ NORMAN: The previous generation had to work much harder to have access to information, entertainment etc. Easy access has led to over-stimulation and hence boredom. Another difference is that this generation spends less time together in a family unit than the previous one. (Karl Marx had some interesting philosophies connected to the "decline of the West" - one of these being the breakdown of the moral fibre and structure of the family, and the role "excess" played.)

A: MELINDA FERGUSON (author of Smacked): I really do relate to this letter because, as a teenager I had many of the same sentiments and felt like no one understood, and I was bored, and that there was "nothing to do." I believe that all people on this planet but especially young people are desperately needing to be heard and spoken with. We have a very daunting task ahead of us - having to compete with the slickness and convenience of technology and distractions that discourage intimate and real communication. I think we have to, on a one to one everyday level, try and establish as much talking by asking young people to express their fears and ideas and really listen to what they say. This is the only way we can

hope to start addressing the very real problems of substance abuse and alienation that our young people are facing today.

A: TOM BURKHALTER: All drug use revolves around numbing or escaping from some sort of psychological issue or emotional or physical pain. Drugs provide many functions. They can give one a sense of wholeness or aliveness, confidence, or protective isolation. They can elevate one's mood and one's self esteem. They can provide a sense of belonging and acceptance (through a peer group), a rite of passage, a badge of honour. Just because the solution is short term or illusionary does not make it less powerful, especially to the adolescent who is looking for short-term, immediate gratification, and is prone to feeling immune to danger.

There are various causes for the increase in drug and alcohol use. These include increased availability of drugs, and increased demand. Increased demand, in my opinion, reflects the demands placed on children today, and our relationships, primarily as parents, with our children. Children today have huge demands placed on them by the way we live. We are saturated with choice, more materially aspirant, less able to delay gratification, more easily bored, and are generally prone to feeling empty of meaning. And parents are often less available to their children because of economic demands and general stress.

I think it is essential to engage the world your children live in, to understand it and not fear it, and to involve yourself as a consistent, respectful presence that can be used to help your child make sense of all the demands he/she has to negotiate. By remaining distant, unengaged, disinterested or hostile, we abandon our children to contain themselves, unsupported, and to make their own way through the trials of adolescence. Drugs and alcohol become a convenient and attractive solution.

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5. Q: My daughter says that her friend is mutilating herself. Why does this happen and what can be done to help her?

A: TOM: Self mutilation can often be a very serious and worrying symptom. It usually reflects considerable underlying psychological pain. The meaning of the behaviour needs to be understood individually, but generally involves an attempt to make real and tangible, an internal psychological pain that is otherwise felt to be unspecific and overwhelming. By self-mutilating, usually cutting, the person shifts the focus to something controllable and manageable. There is also often a very real sense of relief in the cutting and drawing blood.

Of course there then follow secondary effects, where the scars become representations of a sense of damage, and 'badges' of subgroup/outsider belonging, and many people learn the behaviour from other peers (as with eating disorders and other popular 'disorders'). Cutting is also very addictive. Very often, teenagers cut superficially which is usually attention seeking behaviour, of which the underlying distress should be taken seriously.

My advice in this case is dependent on the relationships in question. You could inform the girl's parents, but this may affect your daughter's relationship with her friend. Your daughter may be able to persuade her friend to talk to her parents, the school counsellor or to contact a psychologist. This behaviour is usually reflective of deeper relational problems in the family.

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6. Q: Are schools showing too much graphic material in their life skills programmes? Won't it give young minds ideas they wouldn't have had?

A: LIZ: While this may be a worry for many parents, the reality is that children hear and see far more graphic things without adult supervision than parents realise. Rather have your child learn about things under the guidance of a qualified teacher, than run the risk of her learning about these things from her friends. Believe me, they get ideas anyway, from movies, TV, Internet, sms's and magazines. Teachers explain the risks and consequences of what they show pupils, friends do not. Educating our children gives them the power of knowledge on which to base decisions, whereas friends "educating" them gives them curiosity to experiment. Rather than limiting what pupils learn at school, parents should encourage their children to chat to them about what they've seen. and carry on the educational role

at home.

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7. Q: Many of the girls I teach are dieting and a few are anorexic or bulimic. What contributes to this and how should I tackle it?

A: LIZ: An eating disorder is a very complex combination of emotional, psychological, relationship and sometimes psychiatric issues. While many young people feel pressured (by peers, family or media) to look good or be thin, and are encouraged to diet and exercise regularly, many adults are overlooking the step from "diet" to "eating disorder".

Not every child on diet will develop an eating disorder, but certain children do appear to be more at risk than others. Contributing factors appear to be: a)The child needs to be "in control" of some element of her life. Somewhere in the child's life control (or lack of control) will be an issue - only in-depth counselling will identify what this is. b)The child seems to have a need to appear perfect - again only counselling will reveal the source and complexities of this. c)The child has a low self-esteem (although not always obvious).

Eating disorders also have an element of addictive behaviour connected to them, making the illness very difficult to treat. As with any addiction, the individual who is ill begins to become increasingly secretive about hiding the problem, making it very difficult to detect. Often pupils with an eating disorder are strong academically or on the sports field - pupils who "push" themselves to excel, further complicating their detection.

The best line of action is to **refer the matter to a professional** in this field. Speak to the child privately about her concerns, explain that an eating disorder is a complicated issue that may lead to extreme illness or death and, as such, you have no choice but to involve other adults and experts in this process. Children should **not** be given the option about whether or not their parents are contacted - **an eating disorder is a threat to life.**

TARA Hospital Adolescent Unit (011-5353043) and PSYSA can refer a school or parent onto professionals in this field. Crescent Clinic (Randburg or Cape Town) can also assist parents. It is of vital importance that the therapist (usually a psychologist or psychiatrist) has experience in this complex field.

As a teacher, you could discuss in class the role the media plays in sending messages that pupils need to be thin. You could also remind pupils that unless a medical doctor or registered dietician has said they need to be on diet, most young people should **not** be on diet at all.

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8. Q: I'm a school counsellor and find that many parents think I exaggerate the drinking, drugging and sexual activity that kids are involved in. How can we get parents to stop being in denial, and to pay attention to the reality?

A: LIZ: If parents are not really involved in parenting through the 'good' stuff (developing relationships, setting limits etc), then it can be hard to hear the reality of their children's lives. Actually hearing what a school counsellor has to say means having to take responsibility for their own children, learning more about their children's private lives and having to set limits. This means spending time with children, a commodity some parents do not have.

Some parents are also a bit naïve, and they do not see beyond the boundaries of their own lives and are not aware of what influences their children are exposed too. This might sound harsh, but the reality is that more and more therapists and counsellors are speaking out loudly about the breakdown of the family, but many families don't seem to be listening...

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9. Q: If I suspect that my son is experimenting with drugs, what should I do? Many of the points you list in your newsletter ring true for him, but he denies it when I ask him.

A: MELINDA: It's not surprising if your son denies that he is using as most people deny that they have a problem with drugs or alcohol. If you are worried, you may have to suggest the following: Tell him you are concerned, don't get angry or accusative. Suggest that you would like to take him for a drug test just to put your

fears at rest. Be firm and don't let him talk you out of it. That is probably the only way you are going to find out the truth regarding your suspicions. Amongst others, Houghton House (011-7280850) do drug screenings and counselling sessions.

10. Q: My son is a user of dagga and Ecstasy and is now dabbling with coke and other hard drugs. He's been to counselling and rehab, but he just starts up again. What else should we be doing?

A: MELINDA: It sounds to me like your son has a serious and progressive drug problem and without being too alarmist it sounds like it will only get worse if intervention is not made. I too started with alcohol then dagga, then it was heroin and crack. Addiction is a progressive disease. You need to get help from the experts, like SANCA or a rehab like Houghton House or Phoenix House, and intervene before it's too late. No addict likes to admit they have a problem and often the more serious the problem, the more denial is used to escape having to give up their substances. I think all drugs whether it be dagga, cocaine or alcohol are serious and it doesn't matter what a person is using, addiction makes people's lives unmanageable. I really do think you need the experts to help here.

A: TOM: Contacting Tough Love (011-8863344) might be a very good idea.

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11. Q: Why are kids' language skills, concentration and self-esteem diminishing?

A: MARGARET LOGAN: It's been very noticeable over the past 10–20yrs how much language skills have deteriorated, down to the current "gr8 c u @ 4" type of communication! There's no doubt that we have progressed well beyond the 'throw-away' generation to one which believes that if it takes more than 3 minutes, it's not worth it, man.

Children today rush from one buzz to another, in search of the adrenaline high. Hence the MXit craze, the drinking and sexual experimentation at younger & younger ages – anything to fill the void. Humanity needs structure and so will test the limits until someone or something stops them. That's why so many teenagers find the gang culture so attractive – gangs have a very rigid code of dress and behaviour, a strong sense of belonging and a very deep bonding even though it's unhealthy and sometimes self-destructive. Belonging to a gang gives meaning to the lives of its members and they become "one" – a family.

The teen culture is in some ways, similar. What your friends say about something is what matters – not your parent's "old-fashioned values." Adolescence is a time to break away from parents and decide for yourself what you believe in. Three things are needed for this season to be negotiated successfully, however: self-esteem, values that were taught pre-puberty, and consequential discipline.

Self-esteem comes from being valued for **who** you are; not for what you can do or what you possess. The optimal time for getting this is, of course, in the first two years of life – when this feeling of being accepted for who you are when you can do nothing to deserve it, is internalised into a deep-rooted feeling of "I'm okay." What follows are two periods in your life when you are allowed, and need to be narcissistic. At two, a child breaks away from total dependence on mother and tries to do things for him/her self. So too, in adolescence, does the child break away from family and try to 'go it alone'. The successful negotiation of both stages is directed by the level of self-esteem; the feeling that you can risk and that you can get up again if you make a mistake.

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12. Q: What tips do you have on protecting our teenagers from society's dangers, and on building their self-esteem?

A: SALLY THORP: The best insurance against risky elements is to nurture a relationship with your teenager where unconditional love and fostering a deep sense of self-worth are top priority.

Be **interested** without being intrusive, in your teenager's life. When they feel a parent is genuinely interested and involved, they feel they belong, and that what goes on in their life matters. Show **acceptance** of who your child is by being aware

of their strengths (potential) as well as weaknesses (limitations). This balanced view gives the teenager permission to not have to excel at everything because of parental pressure.

Endeavour to be as **non-judgemental** of your teen's behaviour as possible. This does not mean you have to turn a blind eye to it, or even find it acceptable. However, it is helpful to try to understand what unfulfilled need is driving the behaviour. Behaviour does not occur in isolation, it is a symptom. Consider: has something changed in their lives recently? Are they stressed? Are they angry? Do they feel left out? Have they got friends? How are they coping at school? During times of difficulty, it is important that teens feel they can share their thoughts and feelings with their parents. By judging, lecturing, blaming, being sarcastic or dismissive, parents tend to alienate their children who then begin to believe themselves unworthy of love; that they don't matter or belong and that they are not capable of coping.

Providing an environment from as young as possible (although it's never too late) at home where children can share openly and honestly what they are thinking and feeling without parents lecturing or sermonising, creates the belief that what they have to say has value, that how they are feeling matters and is real. Often when listening, we are doing so with 'half an ear', already formulating our response to prove our point. We may be tempted to say "Yes, but I told you not to get involved with him!" or "Don't worry, you've nothing to worry about." This response is dismissive and whilst often said with the best of intentions, shuts down the channels of communication – and they stop sharing. Instead, listen with commitment and undivided attention, to understand fully.

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13. Q: Could the Forum please represent parents, and approach Government/decision makers to actively enforce laws addressing drug and alcohol use by teenagers?

A: IZABELLA: In order to become an effective, representative "voice" of parents we would need to expand the Forum's subscriber base. This can be done if all subscribers actively promote the Forum to their contacts (fellow parents, schools, media and other interested parties). All input and suggestions will be gladly considered.

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GOOD BOOKS

Suggestions received from our subscribers include:

- Boundaries with kids. When to say yes, when to say no, to help your children gain control of their lives. Drs H. Cloud and J. Townsend
- The plug-in drug. Television, computers and family life. M.Winn
- Life Talk for a Daughter, Life Talk for a Son, a tool-kit of life's tips & guidelines for teenagers. Izabella Little
- Smacked - a harrowing true story of addiction and survival. Melinda Ferguson
- The Choice - the Gayton McKenzie story. Charles Cilliers
- Dr James Dobson's books on parenting, families and marriage
- Stress and your child. Helping kids cope with the strains and pressures of life. B. Youngs
- The bully, the bullied and the bystander. Author unknown
- Overcoming anorexia nervosa, a self help guide. C. Freeman
- Whole child/Whole parent. P. Berends

TOPICS REQUESTED FOR THE NEXT ISSUE:

Bullying

ADHD (attention deficit hyperactive disorder) and natural alternatives to Ritalin

Single parenting

Sexual abuse

Depression (in greater depth)

Email us on forum@lifetalk.co.za with any questions, comments or suggestions you may have. Topics already covered are also open for further debate or input.

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PANEL MEMBERS

Our panel of contributors includes:

Thomas Burkhalter. A leading psychologist, Thomas has two practices, one focusing on parents and young children, and one involving adult psychotherapy, older adolescents, parent work and couples therapy. He also does private clinical supervision and is case conference consultant at the JPCCC.

Izabella Little (Gates). Author of *Life Talk for a Daughter* and *Life Talk for a Son* (with P. Wilson). Each book covers 60 topics and is a tool-kit of tips, guidelines and values for teenagers and young adults. Prior to writing, Izabella was in the IT industry where she established and ran a leading resourcing/HR company. She now writes, runs the Forum, handles queries from parents and teenagers, and works on helping the youth to focus on life skills and values.

Liz Norman. Clinical social worker with 22 years experience in the field of child and family welfare, specialising in group dynamics and adolescent mental health.

Sharon Kalinko. Psychologist. Sharon's main fields of expertise include: adult therapy, integrative therapy, hypnotherapy and teaching transactional analysis (TA).

Zak Nel. Professor. He covers skills and aptitude profiling; subject choices (Gr 10 & 12); university course selection and entry requirements; how to prepare for a career, drafting a CV and job-hunting skills.

Margaret Logan. Runs a private remedial school in the Cape. Her expertise includes children with emotional and learning problems, addictions, and disorders.

Sally Thorp. Works with parents and children in the area of building healthy self-esteem and equipping them with tools to face life with optimism, self-reliance and self-respect. She also runs parent/child workshops where the focus is on equipping parents to become competent parents.

Melinda Ferguson Author of *Smacked - a harrowing true story of addiction and survival*. Through her own traumatic experience Melinda is able to offer insight and advice on a range of drug-related aspects.

Esha Brijmohan. Former university student and currently a journalist, Esha provides insight into some of the challenges faced by school-leavers and students, and she also raises awareness among her readers regarding important issues.

Phillip Lowe. Business consultant and father of teenagers, now assisting with the Forum and available to coordinate: involvement from schools, interested organisations and media, as well as Life Talk parent & teen workshops/talks.

If you would like to utilise the professional services of any of the panel members, please contact Izabella on the Forum email address for details.

PLEASE FORWARD TO ANYONE YOU THINK WOULD LIKE THIS NEWSLETTER

The FORUM email address is: forum@lifetalk.co.za

For more about the *Life Talk* books or about the Forum visit:
www.lifetalk.co.za

Life Talk for a Daughter & Life Talk for a Son are a tool-kit of life's tips and guidelines for teenagers. They're a great X-Mas or birthday gift and are available at leading bookstores. Proceeds fund the Forum.