

## Psychedelics: Mushroom Edibles

According to the National Institute on Drug Abuse (NIDA), the landscape of psychedelics is rapidly evolving. Psilocybin is the psychedelic substance found in “magic mushrooms.” Psilocybin is currently illegal on the federal level under the Controlled Substances Act. However, some states and cities have decriminalized magic mushrooms, giving the misperception that these drugs are now safe to use recreationally. Magic mushrooms have hallucinogenic effects when eaten, which can lead to nausea, headache, visual distortions, hallucinations, and rapid heart rate. Some of the confusion on the safety of using mushrooms comes from recent clinical studies that are being conducted on the efficacy and safety in treating some types of mental health conditions with psilocybin. While there have been controlled trials that show some promising findings, researchers in the medical field note that there is a distinct difference in taking psilocybin in a clinical setting under medical supervision and taking the drug recreationally, or as a means to self-medicate. While research is being done on the effects of psilocybin on the adult brain, scientists emphasize that there is little known about how psilocybin affects the brain development of adolescents and young adults.

In a study conducted by the University of Virginia School of Medicine, researchers explored increased calls to U.S. poison centers by adolescents and young adults using psilocybin. The findings showed that psilocybin-related calls tripled over the past decade among teens between the ages of 13-19, with approximately 75% of callers in this age group needing medical attention (Journal of Adolescent Health). The most common reasons for calls were hallucinations or delusions, agitation, abnormally fast heart rate and confusion. With an increasing number of adolescents and young adults experimenting with psilocybin, it is important for adults to understand the impact and risks of magic mushrooms. This can include impairment in judgement, perception and behavior and can lead to accidents, self-harm, and suicide (Psychology Today).

As this ongoing research is being conducted, other products containing mushrooms are emerging on the market and being promoted as containing legal ingredients that still offer a hallucinogenic effect. There is a growing market for gummies, chocolates, and other products that contain mushrooms or mushroom extracts. These products are popping up in smoke shops, gas stations and the online marketplace (including Amazon). Many of these products claim to boost mental clarity, creativity, and focus, while others offer users sensations from light euphoria to more intense psychedelic experiences. These products may be especially alluring to teens due to accessibility and lack of awareness of potential risks.

Some of the brands being sold are made from *amanita muscaria*, a mushroom that contains the



psychoactive but legal compounds muscimol and ibotenic acid. Muscimol is a compound that can alter mood, perception, and behavior. Other products are advertised as nootropic mushroom blends that use non-psychoactive mushrooms like reishi, lion's mane and chaga, while at the same time advertising their products will result in psychedelic experiences. For example, one brand sold on Amazon, Shrumfuzed Edibles, markets their products as the "ultimate trip without cannabinoids or psilocybin."

Public health experts warn that inaccurate package labeling is a concern in the mushroom edible market as the products may contain undisclosed and potentially harmful ingredients (Centers for Disease Control and Prevention). Unfortunately, these products are not approved nor regulated by the FDA, making their contents and safety questionable.

The physical effects of mushrooms can include:

- Nausea and vomiting
- Increased heart rate, blood pressure, and temperature
- Muscle weakness and twitches
- Dizziness
- Drowsiness and yawning
- Lack of coordination
- Dilated pupils

Behavior effects can include:

- Paranoia
- Extreme anxiety
- Inability to effectively speak or communicate
- Loss of basic motor skills including walking
- Impaired concentration
- Confusion
- Extreme emotions

As the drug landscape continues to shift, it is important for parents and caregivers to stay informed as a means to engage in preventative conversations with youth. Asking youth what they know about psilocybin and other mushroom products is a great way to get the conversation started. As caring adults, we can play a role in providing youth with factual information about the potential risks and consequences of psychedelics like mushrooms, promote healthy coping skills and encourage access to treatment and support for those struggling with substance abuse.

References: American Psychological Association; Centers for Disease Control and Prevention; Journal of Adolescent Health; National Institute on Drug Abuse; Psychology Today



# Winter Break!

Winter break intertwined with the holidays and family traditions can produce feelings of excitement as well as worry for us all, especially kids.

Just before the break, elementary school age students often get caught up in all the wonder, excitement swirling around the holidays and the extended time off. Additional poise and patience is often needed to help students remain on task.

Middle and high school students likewise look forward to the extended break and the holidays, however, they also tend to experience more anxiety during this time. For many of them, they are tasked with completing old and new end-of-semester assignments, studying and taking end of semester exams, as well as participating in family/holiday traditions even before winter break has begun.

Additionally, peer relations often dominate middle and high school students' lives and an extended break during the holidays often means less time with friends. This alone can cause worry and uneasiness about the extended time apart from their friends.

Moreover, winter break, coupled with the holiday season, can significantly alter a kid's schedule, including activities, sleep, meals and social time. For many kids, they are going from their set and consistent daily school schedules to a schedule that can feel a bit chaotic and unpredictable due to the holiday season celebrations and all the time and demands of the festivities.

Below are some suggestions for parents and/or caregivers on what they can do to make the break and celebrations less chaotic for kids.

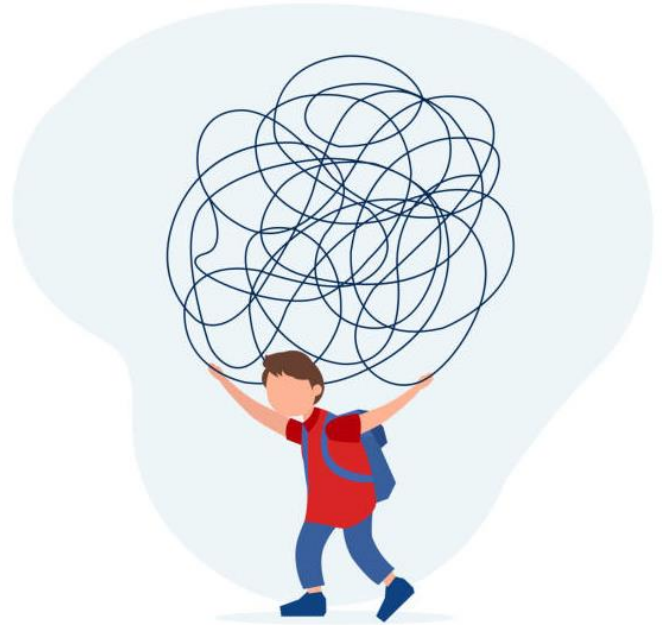
- **Structured Routines:** Have and keep set mealtimes and bedtimes as much as possible. This may sound simple enough but as we all know, the holiday season is full of hustle and bustle and celebrations with lots of family and friends. It's easy to put aside daily routines for kids. Making a conscious effort in following a routine will provide some structure and consistency that can help alleviate unnecessary confusion and frustration for kids. Furthermore, routines will help transitioning from break back to school go much smoother for parents/caregivers and kids alike.

- **Activities & Schedule: Give kids, especially middle and high school aged kids, some control over their schedule and activities during the break.** Allow time for them to socialize and celebrate with friends. As mentioned before, extended time away from friends can be quite stressful and cause a lot of anxiety amongst middle and high school kids. You can discuss and negotiate what festivities they can choose to attend and which ones they are expected to attend. Parents may find by doing so, their child is more involved in the family festivities they do take part in.
- **Include Kids:** Allow kids to be more involved in holiday preparations, such as planning some of the family centered activities, shopping, decorating inside and outside as well as baking and/or cooking. This not only allows kids to feel more connected to what is going on around them, but it also takes some of the holiday pressure and stress off parents/adults during this time of year.
- **Social Media/Screen Time.** Like most things, too much of anything can be unhealthy. Time spent on social media or playing video games is certainly no exception. As we already know, extended video gaming can lead to irritability, lack of sleep and can cause sensory overload. Social media may inadvertently set kids up to compare their holiday celebrations and winter break experiences to their peers. This can lead to dissatisfaction and disappointment for some when comparing their experiences to what they see on social media.
- **Down time & Relaxation.** We all need time to just decompress, relax and refuel, kids and adults alike. Building in time where nothing is planned will help allow everyone the opportunity to relax, unwind and refuel.
- **Be Observant.** It is easy to get caught up in all of the hustle and bustle during the holidays, so it is important for us to pay attention to the moods of those around us. The holidays are a mix of joy and sadness for most of us. And while it's a time to celebrate, remember kids, just like adults, often reflect and think about those that are no longer in their lives because of a move, changing of friends or death. Check in with your kids to make sure they are doing okay and enjoying their break. If you become concerned that your child might be struggling emotionally, don't be afraid to reach out for some additional support and/or services. You can go online to find out more about what kind of support and behavioral health services there are in your community and/or click on the links below for some additional information and resources regarding grief, depression and suicide prevention/crisis.
  - **Grief**
    - <https://www.mourninghope.org/>
    - <https://thecollectiveforhope.org/>
    - [www.scipnebraska.com](http://www.scipnebraska.com)
  - **Depression**
    - <https://www.nimh.nih.gov/health/publications/teen-depression>

- <https://www.helpguide.org/mental-health/depression/parents-guide-to-teen-depression>
- [www.scipnebraska.com](http://www.scipnebraska.com)
- **Suicide Prevention and Crisis**
  - <https://988lifeline.org/promote-national-suicide-prevention-month/>
  - <https://www.nimh.nih.gov/get-involved/digital-shareables/shareable-resources-on-suicide-prevention>
  - [www.scipnebraska.com](http://www.scipnebraska.com)

# Childhood Anxiety Disorders: What They Are and How They Manifest

According to the American Academy of Family Physicians, nearly 1 in 12 children and 1 in 4 adolescents suffer from an anxiety disorder. Childhood anxiety disorders are the most common psychiatric conditions that affect children, and like adult anxiety disorders, they often involve an overactive – or excitatory – sympathetic nervous system. However, childhood anxiety disorders manifest themselves through a large variety of unique symptoms, and they may impact each child’s ability to function to a slightly different degree. If left untreated, many childhood anxiety disorders will persist into adulthood and affect an individual’s ability to engage in healthy relationships or maintain successful careers. Childhood anxiety disorders can be treated with a combination of exposure-response therapies - like Cognitive Behavioral Therapy (CBT); lifestyle changes; and medication, if a medical professional deems it necessary.



## Separation Anxiety Disorder:

According to the National Library of Medicine, Separation Anxiety Disorder (SAD) is an exaggeration of otherwise developmentally appropriate anxiety manifested by excessive concern, worry and even dread of the anticipated separation from an attachment figure. SAD is one of the most common anxiety disorders in children, and the average onset age for the disorder – 6 years old – makes “it one of the earliest anxiety disorders to present in children.” A child who is affected by SAD may experience:

- Difficulty being away from parents or other loved ones
- Excessive worry about harm to loved ones
- Excessive worry about danger to self
- Difficulty leaving the house, even to go to school
- Difficulty sleeping
- Feeling physically ill when away from loved ones

## Generalized Anxiety Disorder:

According to the Boston Children’s Hospital, Generalized Anxiety Disorder (GAD) is “characterized by excessive and uncontrollable worry about a variety of events,” and children who suffer from GAD worry “more intensely than other children in the same circumstances.”

One significant difference between the way that GAD presents itself in adults and the way that GAD presents itself in children is in the content of the worry. While adults with GAD typically worry excessively about ordinary circumstances – such as finances and job transitions - children with GAD may become overwhelmingly anxious about performing well in school, their personal safety, or about future events and natural disasters. A child with a generally shy or timid temperament may be more susceptible to developing GAD, and children who are affected by GAD are generally more perfectionistic than adults with GAD. Children who suffer from GAD may exhibit these symptoms:

- Difficulty concentrating
- Difficulty sleeping
- General apprehension and timidity about performance
- Dwelling on perceived personal shortcomings
- Irritability
- Seeking frequent reassurance from parents, caregivers or teachers
- Headaches, Muscular tension, Restlessness, Heart palpitations, Frequent nausea or digestive pain

### **Obsessive Compulsive Disorder:**

Obsessive Compulsive Disorder (OCD) is an anxiety disorder characterized by recurring intrusive thoughts (obsessions) and repetitive behaviors (compulsions) that an individual does in response to the unwanted obsessions. These debilitating compulsions interfere with an individual's daily life because they are time consuming and cause significant emotional distress, and, according to Texas Children's Hospital, OCD affects around 1 in 200 children in the United States. OCD can manifest itself in childhood, adolescence or early adulthood, and pediatric OCD affects slightly more boys than girls. The worries that a child with OCD may struggle with may be more fantastical or unrealistic in nature than the worries of a child who does not suffer from OCD, and a child who suffers from OCD may experience 'magical thinking' – the belief that one's thoughts or actions may cause consequences that have no direct logical connection.

Some common obsessions that children with OCD may experience include:

- Fear of dirt, germs or other forms of contamination
- Fear of harming oneself or others either accidentally or intentionally
- Doubts about one's personal safety
- Preoccupation with aesthetics, organization, and appearance of things or self

Some common compulsions that children with OCD may experience include:

- Repeating, counting, touching, ordering/arranging
- Excessive hand washing, showering, grooming or other cleaning behaviors
- Frequently seeking reassurance or confessing to perceived wrongdoing
- Following rigid rules or engaging in rituals

## **Social Anxiety Disorder:**

According to Yale Medicine, Social Anxiety Disorder (SAD) is an anxiety disorder characterized by “ongoing feelings of intense, persistent fear caused by the anticipation of, or participation in, social situations,” and people who suffer from SAD are “intensely afraid of others watching or judging them.” Individuals with SAD may present with low self-esteem, and they may be highly critical of themselves or struggle to engage in positive self-talk. Although SAD typically presents itself in early adolescence (between the ages of 8 and 15), the disorder can affect younger children – especially those with a predisposition for extreme shyness. The problematic symptoms must persist for at least 6 months, and children who suffer from SAD will likely express distress over the presentation of those symptoms, even if the distress appears unrelated. Children with SAD may exhibit:

- Difficulty meeting other children or making friends
- Tantrums or excessive crying before an event or social situation
- Speaking in a very quiet voice and avoiding eye contact
- Stomachaches, blushing, dizziness, trembling, sweating
- Avoidance of social situations, like parties, events, going to school
- Excessive reliance on adult or caregiver, especially in social situations

## **Panic Disorder:**

As reported by the National Institute of Mental Health, Panic Disorder is an anxiety disorder characterized by “unexpected and repeated episodes of intense fear” that are “accompanied by physical symptoms” such as “chest pain, heart palpitations, shortness of breath, dizziness or abdominal distress.” Panic Disorder is more commonly diagnosed in women than in men, and the panic attacks these individuals suffer typically last between 5 and 20 minutes. Individuals who have been diagnosed with Panic Disorder may experience panic attacks in response to a specific trigger – such as a trauma-related memory or event – but they may also struggle to identify the root cause of such a sudden onset of panic symptoms. Some symptoms of Panic Disorder include:

- Pounding or racing heart
- Sweating
- Sense of impending doom or danger
- Tingly or numb hands
- Chest pain
- Intense worry about when the next panic attack will occur

## **Phobias:**

Phobias are extreme fears of specific things, activities or situations that do not subside for at least 6 months and that cause “unreasonable” amounts of anxiety. Much like Panic Disorder, the fear that children who suffer from phobias experience is often ‘triggered’ by an event or interaction with a phobia-related object, and a child who has a phobia may avoid the object of the phobia altogether or fearfully anticipate an encounter with it. If an untreated child can endure an encounter with the phobia, it will likely come at the cost of severe interference with their daily



activities and functionality. Boston Children's Hospital estimates that up to 9.2% of children suffer from a phobia, and some examples of common childhood phobias include:

- Agoraphobia: the fear of open spaces, the outside world, or of leaving the home
- Emetophobia: the fear of vomiting
- Hemophobia: the fear of blood
- Zoophobia: the fear of animals

For more information regarding what childhood anxiety disorders are and how teachers or caregivers can mitigate the effects of an anxiety disorder on a child's life, please see [Kids' Health's Anxiety Disorders Factsheet](#).

For more information regarding Cognitive Behavioral Therapy (CBT) and other therapies for childhood anxiety disorders, please see the [Child Mind Institute's "Behavioral Treatment For Kids With Anxiety"](#).

#### References:

American Academy of Family Physicians on Anxiety Disorders:

<https://www.aafp.org/pubs/afp/issues/2022/1200/anxiety-disorders-children-adolescents.html>

American Psychiatric Association on Obsessive Compulsive Disorder:

<https://www.psychiatry.org/patients-families/obsessive-compulsive-disorder/what-is-obsessive-compulsive-disorder>

Boston Children's Hospital on Generalized Anxiety Disorder:

<https://www.childrenshospital.org/conditions/generalized-anxiety-disorder-gad>

Boston Children's Hospital on Phobias:

[https://www.childrenshospital.org/conditions/phobias#:~:text=What%20types%20of%20phobias%20do,without%20agoraphobia\)%20or%20social%20phobia.&text=A%20child%20with%20specific%20phobia,object%2C%20activity%2C%20or%20situation.](https://www.childrenshospital.org/conditions/phobias#:~:text=What%20types%20of%20phobias%20do,without%20agoraphobia)%20or%20social%20phobia.&text=A%20child%20with%20specific%20phobia,object%2C%20activity%2C%20or%20situation.)

National Library of Medicine on Separation Anxiety Disorder:

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