The North Shore University Hospital Division of Child and Adolescent Psychiatry offers a wide range of services for children and adolescents and specializes in the treatment and study of post-traumatic sequelae. Our NCTSN Adolescent Trauma Treatment Development Center also specializes in chronic stress among adolescents.
Our Child and Adolescent Outpatient Clinic provides psychiatric consultation, evaluation, and treatment services to children and adolescents with mild to severe psychiatric problems and disorders.

- Clinicians inquire about substance use as part of the psychosocial evaluation of all new adolescent patients.
- If an adolescent’s substance use is deemed as warranting intervention, adolescents are referred to drug and alcohol treatment services available through our Health System, which include a range of drug and alcohol treatment programs, including outpatient, day treatment, and inpatient programs designed specifically for adolescents.
- Adolescents in the outpatient clinic do not receive simultaneous mental health and substance abuse treatment.
Our **Family Crisis Program** provides evaluations of and treatment for children, adolescents, and their families with a history of domestic violence.

Our **Family in Transition Program** provides treatment for high-conflict separated or divorced families.

Our Division provides **forensic psychiatric and custody/visitation consultations** for child maltreatment validation, evaluations of domestic violence allegations, and the assessments involved in termination of parental rights or adoption proceedings.
The Nassau County Police Department-Long Island Jewish Health System Police-Child Mental Health Partnership provides:

- Screening for child and adolescent mental health problems
- Crisis intervention services for children and adolescents in families with domestic violence necessitating intervention by the police department
- Mutual training of law enforcement and mental health professionals

Our Division provides multi-victim child sexual abuse consultation services to schools and communities that include:

- on-site training for teachers and other professionals
- treatment for children and parents
- parent education
Our **Critical Incidents Response Team**, in partnership with the Nassau County Department of Mental Health, Mental Retardation, and Developmental Disabilities, provides mental health screening and crisis intervention services for child and adolescent trauma victims.

With several Federal and State funding agencies supporting our membership in the Child and Adolescent Trauma Treatment Services (CATS) consortium, and with a **September 11 Recovery Grant** from the **American Red Cross Liberty Disaster Relief Fund**, our Division provides assessment and treatment to children, adolescents, and family members directly impacted by the events of 9/11, in addition to resiliency workshops for parents and school personnel.
Our Division provides psychiatric consultation services to children and adolescents in a variety of residential treatment programs and group homes. Our Division also provides staff in-service training at these agencies.
Our Adolescent Trauma Treatment Development Center is piloting its Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS), a 22-week manualized intervention for adolescents exposed to trauma and ongoing stress. The SPARCS approach to understanding and treating substance abuse by traumatized adolescents reflects the thinking of the North Shore University Hospital Division of Child and Adolescent Psychiatry.
Within the SPARCS framework, substance abuse is considered a maladaptive coping mechanism. The acronym for a variety of common adolescent maladaptive coping mechanisms, including substance use, cutting, overeating, driving fast, and risky sexual behavior, is MUPs (MUPs Mess ‘U’ Up).
Julian Ford and his colleagues (2004) describe the vicious cycle that frequently occurs among teens struggling with the impact of extreme stress: Something stressful happens that triggers “unfinished emotional business” which, in turn, results in the experience of additional stress and the use of MUPs. The negative consequences associated with MUPs may then cause even greater stress and vulnerability to future trauma.
Even though MUPs are problematic, they are often considered to be an adolescent's current best effort to cope. A nonjudgmental stance allows us to:

• Recognize and acknowledge the ways in which MUPs have provided adolescents with temporary relief
• Facilitate more open discussions of MUPs, which are often attached to intense feelings of shame, anger and isolation
• Emphasize the importance of trying out and learning more adaptive coping strategies
The North Shore University Hospital Adolescent Trauma Treatment Development Center is actively engaged in research on the topic of high-risk behavior and trauma in adolescents, and we are planning the development of a SPARCS module to specifically address substance abuse among adolescents dealing with chronic stress. We will be applying our developing understandings to the work of our outpatient clinic and other programs.
Questions to consider:

• How should substance use be assessed in adolescence in light of the fact that experimentation with and even abuse of substances are often normative?

• How often should substance abuse be assessed?

• How should we consider risk factors in adolescents denying current substance abuse?

• How should we monitor the potential emergence of substance use as a coping mechanism in the case of new or newly-addressed trauma exposure?
Questions to consider, continued:

• Under what circumstances should substance abuse treatment precede trauma treatment?
• Should substance abuse treatment programs be encouraged to integrate trauma treatments into their services?
• Do current interventions provide adolescents with enough symptom control and emotion regulation to replace the functions of substance use?