

ART THERAPY & GRIEF WITH ADOLESCENTS

Grief in the Midst of Change: Art Therapy for Adolescents in Clinical Group Settings

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Abstract

Adolescence is a time of significant developmental change as adolescents transition from childhood into adulthood. During this 13-to-19-year age span, adolescents are likely to experience some form of significant loss. This presents an added challenge for adolescents as for many it may be their first encounter with grief and loss. Another factor which complicates feelings of grief and loss is pre-existing mental health conditions. In the context of partial hospitalization programs (PHP) and intensive outpatient programs (IOP), adolescents are already navigating a myriad of factors which require support. This paper examines past and current literature to identify the many factors which make adolescent grief so unique and impactful. Factors include developmental changes, pre-existing mental health conditions, culture, and sex. This paper proposes a three-week group art therapy curriculum to be used alongside a standard adolescent PHP or IOP framework to process feelings of grief and loss.

Keywords: adolescence, adolescents, grief, dialectical behavior therapy, art therapy

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Section I: Introduction

Many adolescents will experience a significant loss resulting in feelings of grief by 19 years of age. This compounds with the already monumental feat of identity formation as adolescents grieve their childhood and prepare to enter adulthood. Despite the general understanding that adolescence is a difficult time compounded by grief, there is a lack of support and grief education for grieving adolescents. For many, this experience may be their first encounter with grief and loss, and they are left to navigate it on their own. Biological and developmental changes further shape the adolescent experience of grief and loss. This paper aims to better understand how to support grieving adolescents by examining the developmental impact, role of social support, and influence of culture.

Problem to be Investigated

Adolescent grief is often a new and incredibly nuanced experience. For many adolescents, their first experience of grief and loss will occur during this developmental time. This experience can be isolating enough on its own, let alone when paired with the developmental challenges of adolescence. Adolescents are inherently grieving the loss of their childhood and transition into adulthood which compounds additional forms of grief and loss. Biological and developmental shifts further shape the adolescent's perspective on grief and loss. These changes distinguish adolescent grief from that of their adult counterparts. Additionally, there is a lack of support and grief education for grieving adolescents, leaving them largely on their own devices to make sense of and move forward with their grief.

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Purpose Statement

To better understand how to support grieving adolescents, this paper presents a comprehensive review of grief and loss in the United States, identifies developmental impacts, and examines the role of social support and culture.

Justification

An estimated 5% of the Western world's population will experience the death of a close friend or loved one before 15 years of age (Palmer et al., 2016). Additionally, one in ten adolescents between the ages of 10 and 18 are said to be grieving the loss of a close loved one (Palmer et al., 2016). These numbers expand when one considers that loss is not just limited to physical death but can also embody the loss of anything significant including nontangible or symbolic loss. The loss of a dream, hope, and security can be just as heavy as the loss of a loved one, limb, or home. Disenfranchised grief can be just as impactful if not more so than acknowledged grief. This is significant for adolescents because for many it is the first time they may encounter feelings of loss and grief. These feelings are challenging to navigate on their own, and adolescent grief coincides with biological and developmental changes, making the experience unique.

Terms Related to the Study

Adolescents- For the purposes of this paper, this term refers to individuals 13 to 19 years of age experiencing the developmental transition from childhood to adulthood.

Grief- A normal and natural response to loss in which individuals may experience a wide range of physical and emotional symptoms. The grief process is non-linear and looks different to everyone.

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Loss- The state of no longer having someone or something significant resulting in feelings of grief. For the purposes of this paper, the term ‘loss’ will encompass both physical forms of loss and nonphysical or symbolic forms of loss.

Finite loss- An irreversible loss of something tangible and concrete, sometimes referred to as physical loss (Wharldall, 2024).

Nonfinite loss- An ambiguous or symbolic form of loss that is not visible (Wharldall, 2024).

Culture- Shared beliefs, values, customs, and social behaviors that define a group of people and are passed down through generations. This paper will examine grief and loss through the lens of contemporary American culture.

Partial Hospitalization Program (PHP)- A structured intensive day-treatment program for higher level of care.

Intensive Outpatient Program (IOP)- An intermediate level structured day-treatment program for patients who require more support than traditional outpatient services but do not meet the criteria for inpatient admission.

Dialectical Behavior Therapy (DBT)- A structured therapeutic framework focused on teaching mindfulness, acceptance and distress tolerance, emotional regulation, and interpersonal effectiveness (*DBT: Dialectical Behavior Therapy, 2025*).

Art Therapy- A therapeutic treatment method that utilizes artmaking and the creative process to explore and process different mental health challenges.

Conclusion

By the age of 19, many adolescents will have experienced some form of grief or loss for the first time. For some, they may have experienced physical loss perhaps a death or loss of a home. For others, the loss may be less visible but just as apparent in its magnitude. Regardless of

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the form of loss, its implications are plentiful, especially for grieving adolescents. Adolescents undergo an array of biological and developmental changes which impact the grief experience. This, paired with the lack of grief education and social support for grieving adolescents, can make the experience incredibly isolating. This paper will examine the developmental impact, role of social support, and influence of culture in the hopes of better supporting adolescent grief.

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Section II: Review of Literature

Adolescence is a developmental period in which individuals transition from childhood to adulthood. This developmental period possesses unique challenges as adolescents seek autonomy, identity formation, and peer connection. These developmental changes impact a variety of facets, including how adolescents perceive and experience grief and loss. These factors are further impacted by cultural factors such as race, religion, politics, and socioeconomic factors. This literature review aims to address the significance of developmental differences in coping with loss, in addition to exploring the many forms and impacts of grief through the lens of dialectical behavior therapy and art therapy.

Adolescents

Adolescence can be defined as the developmental period where individuals transition from childhood to adulthood (Chen et al., 2025). Literature identifies this developmental period as a stage which occurs from 11 to 21 years of age (Palmer et al., 2016). Early adolescence, sometimes referred to as the preteen stage, is approximately 11 to 13 years of age (Palmer et al., 2016). Middle adolescence is identified as 14 to 18 years of age, and late adolescence or young adulthood is said to be approximately 19 to 21 years of age (Palmer et al., 2016). For the purposes of this paper, adolescence will refer to individuals 13 to 19 years of age.

Developmental Information

Adolescence is an eventful period with both biological and social factors which influence adolescent development. Biologically adolescents are experiencing puberty, which comes with physical and hormonal changes (Hollenstein & Lougheed, 2013). This includes changes in appearance like height, fat distribution, and secondary sex characteristics (Hollenstein & Lougheed, 2013). Neurologically, adolescent brains transform as synaptic connections undergo

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synaptic pruning preparing them for adulthood (Hollenstein & Loughheed, 2013). Hormones rise to adult levels by late adolescence and neurotransmitters like dopamine, increase in volume and location (Hollenstein & Loughheed, 2013). Although these changes are expected and developmentally appropriate, there is great variability in developmental timing (Hollenstein & Loughheed, 2013). For some, onset may be sooner while for others it may be delayed. Duration can also vary amongst individuals. These biological changes greatly influence adolescent behavior.

Developmentally, adolescence is a period of exploration and self-discovery. Adolescents connect with peers, explore identity roles, find their sense of purpose, and cultivate an autonomous self (Palmer et al., 2016). An eventful time, adolescence is not without its psychological challenges. Adolescence is marked by increasing levels of responsibility, pressure to act maturely, and the task of thinking about one's future (Palmer et al., 2016). This comes at a time when adolescents crave autonomy and independence; adolescents may emotionally detach from caregivers and seek privacy (Palmer et al., 2016).

While developmentally there is often a decline in guardian connection and support during this period, there is usually an increase in peer support (Chen et al., 2025). Friendships and peer relationships become more significant and positive in nature during this time (Chen et al., 2025). Palmer et al. (2016) stated "the most important influences in the life of an adolescent are his or her peer group and social relationships." Adolescents care about their self-image and how they are perceived by their peers (Chen et al., 2025). Palmer and colleagues (2016) further state that the relationships between peers can produce both positive and negative impacts, identifying that adolescents often tell their peers things they would never tell an adult. Similarly, as adolescents seek peer validation, autonomy, and identity formation, they may experiment and explore

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different roles and activities. Adolescents may engage with risky behaviors such as drinking alcohol, sexual activity, and drug experimentation (Palmer et al., 2016). These developmental changes can exasperate pre-existing mental health conditions, and in some cases, adolescents may need extra support.

PHP and IOP Settings

Partial hospitalization programs (PHP) are higher-level treatment settings where patients spend between four to eight hours per day engaged in a variety of therapeutic modalities with most of the time spent in skills-based group therapy (Tung et al., 2024). Treatment typically occurs five days a week for approximately 3-4 weeks. Intensive outpatient programs (IOP) are an intermediate level of care for patients who require more support than traditional outpatient services but do not meet the criteria for inpatient admission (Bero et al., 2025). Like PHP, IOP typically meet several times a week for a few weeks and engage in a variety of services including group, individual, and psychiatric (Bero et al., 2025). While the set-up and structure are similar, it is important to note that PHP is a higher level of care than IOP. PHP meets more frequently and for a longer duration compared to IOP.

Following an inpatient hospitalization, PHP or IOP are often recommended to help ease the transition. The goal of these programs is to deescalate severity of symptoms and introduce and reinforce skills to enable integration. For this reason, cognitive-behavioral therapy (CBT) or dialectical behavior therapy (DBT) are often employed (Bero et al., 2025). In these programs, patients have the benefit of learning and practicing skills in a comprehensive and structured way while still living in the comfort of their home where they can generalize and apply the skills (Tung et al., 2024). The frequency and intensity of programming are also important factors. There is less possibility for avoiding traumatic experiences or rethinking participation and patients have

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a clear treatment timeline (Tijsseling et al., 2024). This reinforces treatment goals and aids in faster symptom reduction (Tijsseling et al., 2024). For this reason, PHP and IOP often have low dropout and high remediation rates (Tijsseling et al., 2024). One study evaluating the effectiveness of IOP for adolescent trauma found that 82% of adolescents showed a clinically meaningful decrease in trauma complaints and 63% of adolescents no longer met criteria for a post-traumatic stress diagnosis (Tijsseling et al., 2024). Further, despite the intensity, no adolescents dropped out of treatment (Tijsseling et al., 2024). This data indicates the high effectiveness of these programs and supports the need for comprehensive care.

Grief and Loss

For the purposes of this paper, loss will refer not just to death but rather the loss of anything significant resulting in feelings of grief. “Loss can take on many forms, such as death of a loved one, a major transition, a romantic heartbreak, divorce, loss of a job, estrangement from a family member, loss of a friend, death of a pet, and so on” (MacWilliams, 2017). Sudden disasters such as hurricanes, wildfires, tsunamis, and terrorist attacks often result in feelings of grief and can leave survivors susceptible to adverse mental health outcomes associated with complicated grief (Powell et al., 2021). Other disasters such as war and global pandemics can manifest symptoms of loss and grief. Following a disaster, adolescents can experience secondary stressors such as separation from friends and family, loss of pets, displacement from home and school, and a lack of basic needs like food, clean water, and medical care (Powell et al., 2021).

In addition to large scale disasters, one can suffer from ambiguous personal loss. While these losses may appear smaller in magnitude, they are just as significant and valid for the individual experiencing the loss. One such loss that may impact adolescents is abortion and miscarriage. A study that explored abortion-related loss and grief found that while not all

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individuals suffer after abortions, many experience post-abortion distress and 30% of those affected experience depression, anxiety, or Post Traumatic Stress Disorder (PTSD) (Brollo, 2024). Contributing reasons for distress include a lack of social support, stigma, perceived need for secrecy, and the loss of a desired pregnancy (Brollo, 2024). These findings are supported by overarching themes associated with grief and loss. Loss can take on many forms and can be exasperated by feelings of isolation indicating a need for social support and collective community. Another form of loss can occur during immigration. During immigration, individuals may experience a host of stressors, traumas, and losses. Losses may include the loss of family support and connection, loss of language, loss of identity, and loss of culture (Falzarano et al., 2022). For many, immigration may bring on feelings of loss of one's homeland and valuable relationships, idealization, and longing (Falzarano et al., 2022).

Finite and Nonfinite Loss

When referring to loss, there is finite loss and nonfinite loss. Finite loss, sometimes referred to as physical loss, is a definitive and irreversible loss of something tangible and concrete (Wharldall, 2024). This could include death, loss of a home, limb, or physical object (Nelson et al., 2022). Finite losses are often what people perceive as loss because they are tangible losses that can be seen and observed. Nonfinite or ambiguous loss is more symbolic and less tangible in nature (Wharldall, 2024). Examples of nonfinite losses are often ongoing and can include the loss of hope, control, security, roles, relationships, or goals (Wharldall, 2024). Nonfinite losses can often be overlooked or misunderstood. One example of nonfinite loss is ecological grief. This term refers to the grief felt in relation to experienced or anticipated shifts in the environment due to climate change (Wharldall, 2024). While this type of loss happens over time and is not necessarily the common perception of loss, the effects mimic symptoms of grief

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suggesting that loss can be anything of perceived significance to the individual. Further, the tangible loss of species and significant landscapes serve as finite losses illustrating that loss can be multifaceted (Wharldall, 2024).

Grief is the cognitive, emotional, and physical process which follows a significant loss. Wharldall (2024) states “grieving, however, is not just defined by pain, despair, or psychopathology. It is a dynamic process, in which we actively reconstruct ourselves and our world in light of the loss” (p. 128). The grieving process is not one size fits all; it occurs at a different pace and intensity for everyone. Likewise, symptoms of grief can vary depending on the individual and the set of circumstances. However, commonly shared grief reactions include nausea, chest tightness, crying fits, insomnia, and fatigue (Nelson et al., 2022).

Impacts on Grief and Loss

There are many factors that can shape reactions to loss. Age, gender, ethnicity, social economic status, and culture can affect the mourning process (Palmer et al., 2016). Research demonstrates a strong connection between the quality and depth of the relationship and the intensity of grief (Chen et al., 2025). Pre-existing mental health conditions can also play a role in grief intensity and duration (Chen et al., 2025). Brain growth and developmental stages influence factors like emotional intensity, self-regulation, coping capacity, and adaptive functioning (Palmer et al., 2016). Other factors include individual personality traits, history of stressors and trauma, the development of coping skills, and available support (Palmer et al., 2016).

Research has found that individuals with high levels of neuroticism are typically more emotionally vulnerable and therefore demonstrate stronger grief reactions and greater difficulty adjusting (Chen et al., 2025). Similarly, higher levels of depression have been found to be associated with an external locus of control (Oltjenbruns, 1991). Maladaptive coping strategies

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associated with higher PTSD symptoms include passivity, internalizing and externalizing, rumination, avoidance, negativity, escape oriented, blame, and anger (Powell et al., 2021). Powell and colleagues (2021) found that blame, anger, use of distraction, and rumination had the strongest correlation to greater PTSD symptom severity. In contrast, individuals with high agreeableness model better grief recovery, communication, and connectedness to social networks (Chen et al., 2025). Further, adolescents with high self-esteem display greater psychological resilience and coping skills compared to those with lower self-esteem (Chen et al., 2025). Coping skills enable high self-esteem, less intense grief reactions, and a shorter duration, as they process at a faster pace (Chen et al., 2025). Notable coping skills which are negatively correlated to PTSD symptoms include activity, positivity, problem solving, use of social support, positive cognitive restructuring, approach, and control-oriented coping (Powell et al., 2021). Humor and religion have been found to serve as adaptive coping strategies (Powell et al., 2021). When used to mask feelings of grief, distraction may have a negative long-term impact, but when used to reduce rumination and continuous thoughts, it can have positive impacts (Powell et al., 2021). Therefore it is important to assess how distraction is being utilized to determine if it is an effective coping skill or harmful avoidance tactic (Powell et al., 2021).

Cultural Implications

Traditionally, Western cultures like the United States highlight individualism and emotional expressiveness (Chen et al., 2025). In the Western world, an estimated 5% of the population will have experienced a death of a close friend or relative before 15 years of age (Palmer et al., 2016). Further online resources suggest that one in ten adolescents aged 10 to 18 years are grieving the death of a close loved one (Palmer et al., 2016). According to the U.S. Census, (2025, October 20) the three most prevalent racial groups in the United States are White

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(not Hispanic or Latino), Black (not Hispanic or Latino), Hispanic or Latino. Despite the high prevalence of minorities, multicultural grief research in the United States remains limited.

Grief is an inherently social phenomena influenced by cultural, historical, religious, and political factors (Falzarano et al., 2022). Given this understanding, one can expect grief to vary between different cultures and individuals (Wharldall, 2024). However, very little research has been conducted surrounding these cultural differences. Race and ethnicity have been suggested to have a correlation to grief, but much of the literature is limited to Anglo's grief responses (Oltjenbruns, 1991). A study conducted by Nelson and colleagues (2022) identified demographic information as a limitation of their study admitting that they chose to exclude demographic information for two main reasons. First, to ensure confidentiality of participants given the relatively small sample size and uniqueness of the study and second, to reflect the openness of the program intended to be effective and welcoming regardless of age, gender, socioeconomic status, ethnicity or language (Nelson et al., 2022). This is problematic, as what may be considered maladaptive adjustment in one culture may be considered normative in another (Falzarano et al., 2022). One such example is the difference in emotional expression of grief for Black and White individuals (Hidalgo et al., 2020). Black individuals often demonstrate more outward emotional expressions of grief at funerals and may weep, wail, or demonstrate physical symptomology like falling or dizziness (Hidalgo et al., 2020). This varies with the emotional expressions of White individuals which tends to be more reserved (Hidalgo et al., 2020). At White funerals, outward expressions of grief may be viewed as disruptive and when displayed, individuals may be escorted to a private room to calm down (Hidalgo et al., 2020). These variances are important to understand as cross-cultural misunderstandings can have several repercussions including inadequate treatment plans which disregard cultural significance and a

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mistrust for helping professionals (Falzarano et al., 2022). Research has shown that Latino/a individuals decline professional support and counseling in favor of other informal forms of social support (Falzarano et al., 2022). This indicates that in addition to expanding research on how culture impacts the grieving process, attention must also be placed on identifying and addressing stigma and cultural barriers to grief treatment (Falzarano et al., 2022).

Grief varies amongst the sexes too. Research indicates that following the loss of a friend, girls tend to experience more complex and heightened grief reactions compared to boys (Chen et al., 2025). Grief was also found to have a more prolonged impact on life satisfaction for girls (Chen et al., 2025). Chen and colleagues (2025) hypothesize that these disparities can be correlated to societal norms, differences in social connections, and emotional bonds. Chen and colleagues (2025) expand to note that girls typically have smaller social networks that demonstrate deeper connections. Whereas boys may struggle to reconcile feelings of grief and vulnerability due to the societal norms of strength and stoicism often associated with masculinity (Chen et al., 2025). As a result, girls may externalize feelings of grief while boys internalize, conforming to societal expectations of emotional control (Chen et al., 2025).

Society's Perception of Grief and Loss

Education surrounding grief and loss is largely lacking in the United States. Early studies on bereavement featured a medical viewpoint which downplayed the importance of others and was perceived as “medicalizing” life crises (Neimeyer et al., 2022). Since then, literature has expanded to right these wrongs but still, there is a lack of communal grief knowledge. Consequently, society is largely ill-equipped to cope with grief and has developed myths about methods to handle grief (MacWilliams, 2017). Some myths are specific to family dynamics while others may reflect cultural values (MacWilliams, 2017). The six most common myths

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about grief held by the Western world are: don't feel negative emotions, replace the loss, grieve alone, give it time, be strong for others, and keep busy (MacWilliams, 2017). These myths can be harmful because they repress and disregard painful feelings which need to be processed. This may leave individuals feeling deeply disconnected from their inner life, resulting in feelings of numbness, emptiness, and purposelessness (MacWilliams, 2017). MacWilliams proposes the following prompts instead: feel the negative emotions, don't replace the loss, find someone who shares the same pain, take the time needed to acknowledge the loss and its meaning, let others take care of themselves and/or know your limits, and don't burn out on distractions.

Adolescents are among the least prepared as they lack experience and knowledge on how to cope with these experiences (Powell et al., 2021). Researchers Johnsen and Tømmeraas (2022) found that while peer support is beneficial to the adolescent grieving process, it is not always offered due to inexperience, lack of knowledge, discomfort, or insecurity. Adolescents look for a source of support and guidance but when not readily available, adolescents are left to grapple with myths society has shared to try to make sense of their experiences. Johnsen & Tømmeraas (2022) found that adolescents reported feeling stuck in their grief, unable to move on despite how quickly society moved on. Many adolescents reported feeling angry when forced to go back to work, school, and social engagements when they were not ready to perform or function as they wanted or felt was expected (Johnsen & Tømmeraas, 2022).

Developmental Impact of Loss during Adolescence

Due to the nature of the developmental period, adolescent grief reactions differ from those of adults and should be handled with individualized respect (Palmer et al., 2016).

Adolescents are among the most vulnerable to mental health difficulties following disaster due to their lack of experience and coping skills (Powell et al., 2021). Adolescents are psychologically

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immature and often lack appropriate education on loss and grief (Chen et al., 2025). For adolescents, loss is often an unfamiliar, disruptive, and stressful life event (Andriessen et al., 2022).

Adolescents experience a myriad of developmental factors which can impact the grieving process. Such factors include increased responsibility, identity formation, and a desire for autonomy and independence (Palmer et al., 2016). Adolescents may struggle to maintain responsibilities like school and work while grieving. Research indicates grief can impair concentration consequently impacting learning and work completion (Palmer et al., 2016). At a period where adolescents already seek identity formation and may experiment with substances, grief can heighten drug, alcohol, and tobacco use (Palmer et al., 2016). Further, as adolescents crave a departure from caregivers and increased connectedness to their peers, grief may impair their feelings of connectedness leading to feelings of isolation (Palmer et al., 2016). Consequently, the duration of adolescent grief tends to be prolonged, their reactions more complicated, and the intensity more severe (Chen et al., 2025).

Positive and Negative Outcomes

The outcomes of loss are plentiful and can be defined as both negative and positive in nature. Negative manifestations of adolescent loss include shock, numbness, guilt, confusion, depression, fear, loneliness, anger, difficulty sleeping, hallucinations, and changes in study habits (Oltjenbruns, 1991). Adolescents who experience traumatic or sudden loss such as suicide, may “experience more pronounced feelings of shock, guilt, anger, and abandonment” (Andriessen et al., 2022). Sleep can also be impacted as adolescents may experience increased difficulties falling asleep, frequent nightmares, and disrupted sleep (Chen et al., 2025). Additionally, adolescents have an increased risk of mental health problems, such as depression, anxiety,

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posttraumatic stress disorder, and long-term risk of suicidal behavior following a traumatic loss compared to other bereaved and non-bereaved adolescents (Andriessen et al., 2022). Other reactions and symptoms include acute stress disorder and externalizing symptoms like behavior problems and aggressive behaviors (Powell et al., 2021). Chen and colleagues (2025) outline five specific manifestations of grief related to adolescents. These manifestations include feelings of profound loneliness and emptiness, self-isolation from others, reduced energy and concentration, social withdrawal, and reluctance to share grief with others (Chen et al., 2025). Adolescents may ruminate or struggle with the “why” questions, seeking meaning in the loss (Andriessen et al., 2022).

While most of the literature focuses on the negative outcomes of loss during adolescence, emerging literature indicates there may be some positive outcomes gained from experiencing loss as an adolescent. Emerging research suggests there may be a positive psychological transformation that can occur as a result of experiencing a highly stressful or traumatic event (Andriessen et al., 2022). Oltjenbruns (1991) found that 96% of study participants identified at least one positive outcome following a loss. Positive psychological outcomes can include increased appreciation for life and relationships, increased maturity, resilience and self-care, and finding new opportunities such as school or career paths (Andriessen et al., 2022). Participants in Oltjenbruns’ 1991 study identified benefits like normalizing loss as a natural part of life, increased awareness and understanding, reduced fear surrounding loss, and the opportunity to examine religion and spirituality. One factor that may be worth noting is the influence of time and maturity.

Adolescent Loss and Social Support

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It is important to acknowledge the role of social support in the grieving process. Likewise, one must understand that the key to social support is reciprocity, truly connecting and being seen and heard by others (Van der Kolk, 2015). Simply being in the presence of others is not the same as true social connection (Van der Kolk, 2015). In a qualitative study, adolescents reported they were unable to enjoy positive moments because they were struggling with the loss of a close friend (Johnsen & Tømmeraas, 2022). Adolescents also reported feelings of wanting to keep their grief to themselves so as not to burden others (Johnsen & Tømmeraas, 2022). This is a characteristic response; traumatized people often find themselves feeling out of sync with those around them (Van der Kolk, 2015). Despite a desire to isolate, adolescents reported peer and parent support as quite helpful (Johnsen & Tømmeraas, 2022). Still, peer support is not always offered due to inexperience, lack of knowledge, discomfort, or insecurity (Johnsen & Tømmeraas, 2022). Researchers Johnsen & Tømmeraas (2022) found that a lack of support may consequently lead adolescents to feel misunderstood and isolated. Adolescents who struggle to cope with significant loss without support and guidance are more likely to experience a greater intensity of grief and distress (Palmer et al., 2016). Van der Kolk (2015) notes the importance of safety and social security “After an acute trauma, like an assault, accident, or natural disaster, survivors require the presence of familiar people, faces, and voices; physical contact; food; shelter; and a safe place; and time to sleep (p. 212)”.

The Grieving Process

The grieving process is non-linear and looks different for everyone. It varies on a myriad of individual factors including the stage of life one is in and the perceived significance to the individual. Historically accepted stages of grief include denial, anger, bargaining, depression, and acceptance. Although these stages are commonly recognized, they are not a set path.

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Individuals can experience stages in any order and may even experience various stages at the same time. Some may skip stages or experience stages that are not outlined.

Grief's Impact on the Body

Following a trauma, one's brain lives in an emotional state and manifests itself in physical responses (Van der Kolk, 2015). Physical responses to trauma and loss can include gut-wrenching sensations, heart pounding, and shallow fast-paced breaths (Van der Kolk, 2015). One may speak in an uptight and high pitch voice and demonstrate body movements characteristic of loss such as rigidity, rage, and defensiveness (Van der Kolk, 2015). These intense emotional responses, brought on by loss, make it difficult to think clearly (MacWilliams, 2017). Cognitive tendencies may include a fixation on memories of the deceased, increased focus on unresolved matters with the deceased, and lingering perceptions of conflict or guilt (Nelson et al., 2022). When one cannot interact with someone or something significant, the limbic part of the brain becomes inflamed and serotonin levels lower leading to depression, trouble sleeping, feelings of obsession, loss of appetite and an increased desire to isolate (MacWilliams, 2017). In this heightened state, the brain cannot connect with the rational, executive brain (Van der Kolk, 2015). Additionally, the brain experiences a deficit of endorphins, the chemical which regulates pain and pleasure pathways to the brain (MacWilliams, 2017). This loss of endorphins can mimic physical pain (MacWilliams, 2017).

When a traumatic event occurs, the brain kicks into survival mode. Van der Kolk (2015) stated "...traumatized people become stuck, stopped in their growth because they can't integrate new experiences into their lives" (p. 53). Therefore, when reliving that event, the memory does not play out in chronological order but rather as fragments of sensations, images, and emotions (Van der Kolk, 2015). The nervous systems of individuals who have experienced trauma and

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significant loss are working overtime, focusing on suppressing internal chaos (Van der Kolk, 2015). With time, these attempts to maintain control over physiological reactions can exacerbate physical symptoms such as fibromyalgia, chronic fatigue, and autoimmune diseases (Van der Kolk, 2015).

Research indicates that the only way to consciously access the emotional brain is through awareness (Van der Kolk, 2015). This means that to address these symptoms, attention must be placed on inner experiences and the root of the emotions (Van der Kolk, 2015). To do so, one must regulate their state of hyperarousal (Van der Kolk, 2015). Van der Kolk (2015) notes the importance of slowing down the parasympathetic nervous system through intentional deep breathing. Practices like deep breathing which engage the mind, body, and brain are critical for recovery (Van der Kolk, 2015).

Acute, Complicated, and Integrated Grief

Acute grief can be defined as the immediate stage of grief following a loss often characterized by intense symptomology. Acute grief reactions include crying, feelings of numbness, sadness, and longing for the deceased person (Andriessen et al., 2022). Following acute grief, one normally moves into integrated grief. Integrated grief symbolizes the long-term evolution of grief. In this stage, feelings of loss may still be present, but acute symptoms subside, and one is able to move forward after coming to accept the reality of the loss. MacWilliams (2017) notes that this is not a sudden transition but rather one that takes time and processing. Sometimes however, individuals may struggle to move past acute symptoms, when this occurs their experiences transition into complicated grief. Complicated grief is prolonged and dysfunctional experiences of grief (MacWilliams, 2017). Individuals who experience complicated grief are more likely to experience psychological distress and diagnoses of mental

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health disorders such as anxiety, depression, and PTSD (Powell et al., 2021). Risk factors for complicated grief include high levels of disaster exposure, being a woman, low social supports, insecure attachment style, serving as caregiver for the deceased, poverty, pessimistic temperament, and pre-existing mental health conditions such as anxiety and depression (MacWilliams, 2017; Powell et al., 2021).

It is important to note that while many adolescents experience loss, most will adapt and move into integrated grief. Only a subset of adolescents will experience sustained psychopathology or complicated grief (Powell et al., 2021). Protective factors such as peer support, school connectedness, supportive parenting, problem solving, self-regulation skills, self-efficacy, and positive guardian relationships can help reduce the psychological impact following a loss (Powell et al., 2021). Further, research has indicated that acceptance, emotional expression, and cognitive reframing may buffer the psychological impact of loss and ease the impact of grief (Powell et al., 2021).

Tasks of Mourning

The task-based model by Dr. William Worden outlines four tasks of mourning to help individuals navigate feelings of grief. The four tasks of mourning are: accept the reality, process the pain, adjust to a world without, find an enduring connection while embarking on a new life. The Dougy Center or National Center for Grieving Children and Families emphasizes that everyone grieves differently and encourages finding personalized approaches and tasks for healing (Palmer et al., 2016). Such tasks include talking to a trusted individual, embracing emotional reactions, physical activity, writing, creating artwork and mementos, and meditation (Palmer et al., 2016). Palmer and colleagues propose that to support a grieving adolescent one must understand normal development, appreciate common grief responses, and recognize

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deviations. Finally, one must understand developmentally appropriate interventions and help guide adolescents through these interventions (Palmer et al., 2016). Such interventions include normalizing the pain and associated feelings of grief. It is important to help adolescents connect with others, especially peers who have experienced loss themselves. Further, providing anticipatory guidance, education, and engagement in conversation surrounding physical and emotional safety are vital components in aiding the adolescent's experience of grief. It is painful but necessary for one's wellbeing to acknowledge the scale of one's loss, accept the reality of the loss intellectually and emotionally, work through the emotions associated with grief, and adjust to life with loss (Wharldall, 2024).

Cultural Tasks and Rituals

Mourning practices and rituals can legitimize grief, offer comfort and connection, and provide structure and support for grieving individuals (Falzarano et al., 2022 and Hidalgo et al., 2020). Ritual practices vary across cultures, religions, race and ethnicity, socioeconomic status, and age but often center around social gathering and can include specific religious ceremonies, attire, food, and decor (Falzarano et al., 2022; Hidalgo et al., 2020). Many cultures utilize funerals or similar ceremonies to provide a time and place to express feelings about death and loss (MacWilliams, 2017). However, there can be variances in how these ceremonies look or the purpose behind them. For instance, some cultures may view funerals as a somber gathering of loss while others view these ceremonies as a celebration of life. Despite these variances, ceremonies and rituals offer a vehicle to explore feelings of grief and loss thereby legitimizing their significance (MacWilliams, 2017). In a group grief workshop three of the four participants mentioned the use of a cultural ritual following loss (Brollo, 2024). Many of the mentioned rituals drew on social support, engaging in conversation with friends, family, and significant

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others (Brollo, 2024). This indicates the importance of social support and community in the grieving process.

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Role of Social Support and Community

Social support and community have been found to play a significant role in the grieving process. In a research study carried out by Andriessen and colleagues (2022) verbal interviews were conducted with adolescents, parents, and clinicians who experienced loss; 97% of participants stated they would recommend participating in a study to others suggesting a positive outcome for processing grief in a talk format. When asked if participating helped in any way, one adolescent responded, “It helped me open up and share my experience” (Andriessen et al., 2022). Powell and colleagues (2021) found that maintenance of typical roles and routines was inversely related to PTSD symptoms, suggesting that consistent relationships and interactions are important to helping adolescents cope with loss and manage emotions. Although developmentally it is understood that family support may be less effective than peer support in managing grief, it has been found to be an essential component of collaborative grief interventions (Chen et al., 2025). Social support has been found to play a significant role in helping adolescents recover from traumatic events (Chen et al., 2025). Adequate social support promotes healthier bereavement adjustment and reduces feelings of loneliness and despair thus decreasing the likelihood of prolonged depressive and physical symptoms (Chen et al., 2025). For this reason, both formal and informal support networks need to be established to mitigate persistent grief (Chen et al., 2025).

Theoretical Approaches and Modalities

In some cases, formal support may be necessary to help manage feelings of grief and loss. Timely and professional interventions have been found to be impactful in assisting adolescents in identifying and managing their grief (Chen et al., 2025). MacWilliams (2017) noted the effectiveness of short-term treatment models specifically those that are timely, focused,

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and client-centered stating that these characteristics enhance the working relationship and can be useful in addressing specific behavior changes. While research agrees on the value of intervention, there are a wide array of theoretical approaches and modalities that could be explored in relation to grief. For the purposes of this paper, the two that will be explored are Dialectical Behavior Therapy and Art Therapy.

Dialectical Behavior Therapy

Dialectical Behavior Therapy (DBT) is a structured therapeutic framework focused on teaching four core skills: mindfulness, acceptance and distress tolerance, emotional regulation, and interpersonal effectiveness (*DBT: Dialectical Behavior Therapy, 2025*). Designed for borderline personality disorder, suicidality, and self-injury, DBT has been found to be effective for an array of presenting problems including post-traumatic stress, depression, anxiety, eating disorders, and substance use disorders (Tung et al., 2024). Dialectical behavior therapy for adolescents (DBT-A) is an intervention which draws on DBT principles to treat adolescents with emotional and behavioral dysregulation (Gillespie et al., 2019). DBT-A is relatively new however; its growing body of evidence supports its effectiveness (Gillespie et al., 2019). Notable outcomes include significant reductions in suicidality, self-injury, borderline personality disorder severity, depression severity, hopelessness, dissociation, and anger (Tung et al., 2024). One study found DBT-A to be superior in reducing repeated suicide attempts and non-suicidal self-harm when compared with individual and group supportive therapy (Gillespie et al., 2019). Another study which examined the effectiveness of DBT in a six-week adolescent PHP found a reduction in psychological symptoms including anxiety and depression, less general dysfunction, and fewer maladaptive coping skills (Tung et al., 2024). Further, adolescents reported more

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engagement with mindfulness practices, greater acceptance of emotional experiences, and more effective strategies for problem-solving and self-control (Tung et al., 2024).

In a study conducted by Gillespie and colleagues (2019) which compared use of a 16-week program to use of a 24-week program, both programs were found to demonstrate statistically significant results with only slight improvements amongst participants in the 24-week program. This indicates that a 16-week program is likely sufficient to learn the relevant skills required for change (Gillespie et al., 2019). Van der Kolk (2015) notes the importance of mindfulness stating that paying attention to bodily sensations helps individuals notice and increase control of their emotions. Similarly, physical expression has been found to increase awareness. One way to emote expressiveness is through art therapy.

Art Therapy

Art therapy can be defined as a therapeutic treatment method that utilizes artmaking and the creative process to explore and process a variety of mental health challenges. Art therapy helps individuals symbolize and externalize experiences that one may not have the words or comfortability to verbalize (Wharldall, 2024). Studies have found that art therapy promotes relaxation and emotional regulation for a wide array of experiences (Wharldall, 2024). Art therapists are trained to select appropriate materials and interventions to help release emotions (Wharldall, 2024). The tactile and nonverbal nature of art making offers a physical and emotional release (Wharldall, 2024). Art therapy may be particularly helpful for individuals who do not have the words to express how they feel. In engaging with art making, one can externalize difficult emotions and potentially find meaning in the experience (Nelson et al., 2022). It is the responsibility of the art therapist to make meaning of memories and weave symbols into story (MacWilliams, 2017). Brollo (2024) echoed this sentiment stating, “meaning making or

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constructing personal narratives is the human process of recovering from tragedy.” Brollo (2024)

Art therapy can be conducted in a group setting or individual format. Art therapists explore the curation of space aiming to create a welcoming space which draws on sensory experiences and reflects comfort and privacy (Brollo, 2024). This enhances the therapeutic experience and can be done through playing soft ambient music, displaying symbolic ornaments, and offering a selection of accessible creative materials (Brollo, 2024).

The Intersection of Art Therapy and Grief

Research supports the use of art therapy as a creative outlet for processing grief, particularly when provided in a group format. Art therapy is a tool which can bring individuals together to reveal and express grief which have been found to be essential components to the grieving process (Wharldall, 2024). Group art therapy promotes a shared experience which can foster a sense of safety and community in addition to enabling relational healing (Wharldall, 2024). Benefits of group art therapy in a grief and loss context include reducing the risk of complicated grief through connection, containing and externalizing complexity, offering regulation, and empowering participants (Wharldall, 2024). “Creative therapies, such as music, artwork, creative writing, and journaling, may also be beneficial modalities for grieving youth” (Palmer et al., 2016). Participants in a study conducted by Nelson and colleagues (2022) noted the value of shared connection and community stating that it was valuable to be with others who understood and had similar experiences. Some recalled how listening to other experiences allowed for secondhand growth and realizations about themselves (Nelson et al., 2022).

Both structured and semi-structured approaches allowing clients agency to choose how they participate in art therapy programming have been found to be effective (Nelson et al., 2022). Nelson and colleagues (2022) note the importance of the role of the art therapist in facilitating

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grief-based art therapy stating that art therapists provide opportunities for grief stories to be heard and appreciated, help establish an environment of safety and elicit meaning from experiences of grief. Echoing this sentiment, Brollo (2024) designed a therapeutic space to explore and express complicated feelings of loss through creative, embodied, and group-oriented activities, not aligned to specific religions. In structuring her grief workshop, Brollo (2024) used rituals to mark the beginning and end of the group, aiming to signify a clear induction and release of the group. Further, Brollo (2024) explored the curation of space in the group setting, aiming to create a welcoming space which would draw on sensory experiences and reflect comfort and privacy. Brollo (2024) played soft ambient music, displayed symbolic ornaments, and offered an accessible arrangement of creative materials.

Wharldall (2024) notes that the goal of art therapy as a regulatory experience is not to provide relief from grief but rather to keep individuals engaged in processing at their own pace. One study by Nelson and colleagues (2022) indicated that art therapy may be particularly helpful for individuals processing grief when paired with narrative therapy as the cross modalities make it more accessible and meaningful for a wider range of individuals. The use of art paired with language and conversation helps to externalize diverse emotions and reframe grief experiences (Nelson et al., 2022). In doing so, individuals can better understand their traumas and reconstruct them to include components of hope, empowerment, and growth which may help the individual reintegrate into daily life in a meaningful way (Nelson et al., 2022).

Art therapy has also been found to be powerful in grieving non-finite or ambiguous losses. A participant in Nelson and colleagues' study (2022) noted that art therapy allowed them to grieve the things they didn't realize they had given up such as sense of self, loss of identity, and their agency. One participant compared the tangible products created in art therapy to a

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container designed to house grief, so it no longer lives with the individual (Nelson et al., 2022).

Participants in Nelson and colleagues' study (2022) observed the skill they had developed through art therapy which helped build resilience and the ability to cope with losses. One participant reflected on feeling more equipped to deal with the loss of their mother following previous art therapy programming for the loss of their partner (Nelson et al., 2022). These statements speak to the power and long-term benefits of group-based art therapy for grief.

Conclusion

For adolescents loss is often a new and unfamiliar experience. Developmental factors present unique challenges which affect one's experience of grief. While the grieving process is different for everyone, one can anticipate physical, emotional, and social effects. These influences can be both positive and negative. Social support and connections to culture have been found to positively impact one's experience of grief. DBT and art therapy offer an array of skills and experiences which may help adolescents process their grief and connect with others, thus combating negative outcomes.

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Section III: Methodology

Grieving adolescents need social support and the opportunity to engage in creative modalities to reflect on loss and process grief. The proposed curriculum offers methods to educate and engage adolescents in difficult conversations surrounding grief and loss. The curriculum is designed for a group setting to encourage opportunities for connection and community. Intended to be utilized by Master's level or higher Art Therapists, the curriculum is formatted to be compatible with IOP and PHP level of care. The curriculum emphasizes Art Therapy and DBT principles. Topics are thematically categorized to mimic tasks of mourning and DBT structure. In doing so, this curriculum guides adolescents to accept, process, and integrate feelings of grief and loss.

Target Audience

This curriculum is designed to be used by Master's level or higher Art Therapists. While it is not required, some DBT experience is preferred prior to using the manual. Ideal clinicians would also have prior experience working with adolescents and have a basic understanding of grief. The curriculum is intended to be utilized with grieving adolescents (13 to 19 years old) in an Intensive Out-Patient (IOP) or Partial Hospitalization Program (PHP) setting. To enroll in the curriculum, clients must meet the criteria to qualify for IOP or PHP level of care. Criterion includes a diagnosis with no acute risk. Clients must be stable and committed to returning daily for the duration of treatment. In addition to qualifying for IOP or PHP level of care, the client must also have experienced a significant loss resulting in feelings of grief. Finally, the client must be willing and able to follow group norms and expectations as the curriculum is formatted for a group setting.

Curricular Structure

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This curriculum is structured to be one hour a day for concurrent days across a three-week period. Three weeks are allotted because that is the average length of care in an IOP and PHP setting. One hour a day will allow adolescents to process their grief in addition to addressing other concerns for being enrolled in higher level care. If more time is needed, activities can be expanded to take place across numerous days. Activities are grouped into weeks by theme with related topics for each day of the week. Activities are inspired by the structure and principles of Dialectical Behavior Therapy (DBT). Such topics include mindfulness, emotional regulation, interpersonal skills, and distress tolerance. Activities are formatted to follow the recommended sequential order of DBT but are curated for the much shorter three-week timeframe. Art interventions will center around grief and loss and use a range of expressive media. At the end of the program, efficacy will be assessed with a questionnaire given to both the adolescent and guardians. A follow-up phone conversation will also occur following the one-month completion of the program.

Curricular Outline

This outline offers an overview of the major sections of the curriculum. The curriculum is broken down thematically by week with an individual focus for each day. Themes were chosen with care and attention towards the tasks of mourning; accept, process, and integrate. Daily activities were inspired by the sequential order of DBT; mindfulness, distress tolerance, emotion regulation, and interpersonal skills. Each session ends with time allotted to share, process, and reflect with the goal of fostering connection and shared experience.

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Week 1 Theme: Acceptance through Identification

Day 1: Introductions	Day 2: Mindful Identification	Day 3: Name your emotions	Day 4: Self-Validation	Day 5: Radical Acceptance
<p>Review group norms, expectations, and structure.</p> <p>Check-in/Group introductions</p> <p>Mindful activity- breath work</p> <p>Art Intervention – What should we know about the person, place, item, or symbol lost?</p> <p>Shared time to process and reflect.</p>	<p>Mindful activity – body scan meditation</p> <p>Art Intervention – grief body scan map</p> <p>Shared time to process and reflect.</p>	<p>Mindful activity – mental noting</p> <p>Art Intervention - pick a related emotion to explore in greater depth</p> <p>Shared time to process and reflect.</p>	<p>Mindful activity – emotion visualization</p> <p>Art Intervention – visualize what it would look like to embrace your emotions.</p> <p>Shared time to process and reflect.</p>	<p>Mindful activity – favorite season visualization</p> <p>Art Intervention – accept the things you cannot change.</p> <p>Shared time to process and reflect.</p>

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Week 2 Theme: Processing through Storytelling and Shared Experiences

Day 1: Emotional Release	Day 2: Cherished Memories	Day 3: Connections to Culture	Day 4: Safe Space	Day 5: Meaningful Object
Mindful Activity – 54321 Grounding Art Intervention – explore the things left unsaid and the things you wish you could say Shared time to process and reflect.	Mindful Activity – Diaphragmatic Breathing Art Intervention – the moments the client holds close to their heart Shared time to process and reflect.	Mindful Activity - Cultural Celebration Visualization Art Intervention – explore cultural connections and significance in greater depth Shared time to process and reflect.	Mindful Activity – Grounding Room Observation Art Intervention – identify a place where the client feels safe and connected to their loss. Shared time to process and reflect.	Mindful Activity - Single Object Observation Art Intervention – identify a meaningful or significant object and explore its significance. Shared time to process and reflect.

Week 3 Theme: Integration

Day 1: Keepsake	Day 2: New Rituals	Day 3: A Path Forward	Day 4: Symbols of Strength	Day 5: Community Takeaways
Mindful Activity – Box Observation Art Intervention – make a keepsake or memento to memorialize the loss. Shared time to process and reflect.	Mindful Activity – Favorite Part of the Day Visualization Art Intervention – a ritual the client can integrate into their daily life or utilize when they are seeking connection to their loss. Shared time to process and reflect.	Mindful Activity – Clouds in the Sky Art Intervention – visualize a path forward. Shared time to process and reflect.	Mindful Activity- Diaphragmic Breathing Art Intervention – symbols of strength trading cards to be exchanged. Shared time to process and reflect.	Mindful Activity- Pause and Reflect Art Intervention – reflect on the experiences and create a visual to represent your takeaways. Shared time to process and reflect.

Conclusion

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Adolescent grief can be particularly complex and nuanced. Grieving adolescents need the opportunity to accept, process, and integrate their experiences amongst the connections of others. The proposed curriculum provides a structure of support for facilitating such experiences. Intended for Master's level or higher art therapists working with grieving adolescents, the curriculum utilizes DBT principles and creative modalities to aid the experience. Formatted for a standard three-week IOP or PHP setting, the curriculum is organized thematically by week with a daily focus. Through this organization, the curriculum mimics the tasks of grieving and prepares the adolescent for integration all while surrounding the adolescent in community.

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Section IV: Curriculum

Adolescent grief is unique and requires a tailored approach. This curriculum (see Appendix) is designed to foster creative expression and connection in a group setting to help process feelings of grief and loss. It is formatted for a group setting to encourage opportunities for connection and community. Intended to be utilized by Master's level or higher Art Therapists, the curriculum (see Appendix) is designed to be compatible with the standard three-week timeframe of a partial hospitalization program (PHP) or an intensive outpatient program (IOP). The curriculum (see Appendix) emphasizes Art Therapy and DBT principles. Topics are thematically categorized to mimic tasks of mourning and DBT structure. Through this format, the curriculum (see Appendix) guides adolescents to accept, process, and integrate feelings of grief and loss.

The curriculum (see Appendix) begins with a table of contents which serves as the directory, noting important sections. The curriculum (see Appendix) reviews significant developmental factors which impact adolescent grief and make the experience unique. It discusses the difference between finite or physical loss and nonfinite or ambiguous loss and touches on different reasons for loss. The curriculum (see Appendix) also reviews the setting, group criteria, material recommendations, and directions for the clinician before it transitions into a weekly overview and daily plans.

At the start of each week there is a week-at-a-glance page offering an overview of the weekly theme, daily interventions, and supplies to prepare. The clinician will review the week at-a-glance page and prepare necessary materials for the week to come. Following the week-at-a-glance page, there is a daily plan for each day of the week. The daily plan details the activities for the day in sequential order and provides a material list. The clinician will prepare materials

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prior to the clients' arrival. Materials may be spread across a community table, so they are visible and easily accessible to clients. Recommended materials are carefully selected to relate to the intervention whilst also offering clients a range of options suitable for different sensory and creative needs. For convenience, printable resources and handouts can be found following the daily plan they coordinate with.

Each daily plan follows a predictable format, so both the clinician and clients know what to expect. The schedule consists of welcoming clients and asking a brief check-in question. The purpose of this ritual is to break the ice and provide a pulse check. Clients will then transition into a mindful activity. Activities include breath work, visualizations, and other DBT focused activities. The goal of the mindful activity is to help ground clients in the present moment and get ready to transition into the art intervention. Both the check-in question and mindful activity are intentionally selected to relate to the daily topic and prime clients for the intervention. After the mindful activity, clients are ready to transition into the art intervention. The clinician will have already prepared materials, so they may read the prompt and assist clients as needed. Following the art intervention, there is a period of sharing and discussion. Clients will have the opportunity to share their art and thoughts with the groups. Related discussion questions can be found at the bottom of the daily plan to help guide the conversation. The purpose of this shared discussion is to affirm community, allow insights to arise, and conclude the daily activity.

Week one of the curriculum (see Appendix) focuses on the theme of acceptance through identification. Goals this week include fostering a sense of community, developing a working group dynamic, providing context and background, identifying feelings, and beginning to process the loss. The first day will begin by welcoming clients and reviewing group norms, expectations, and structure. After setting the stage, the clinician can follow the standard daily

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structure. The second week is designed to help clients process their loss through storytelling and shared experiences. The goal is to continue to process the loss and feelings of grief whilst also finding community amongst peers. The third and final week is formatted to help clients integrate memory and shared experiences whilst also finding a way to move forward without the person, place, item, or symbol of loss. Goals this week include integration, reflection, and looking to the future as clients graduate from the program.

Conclusion

Adolescent grief is nuanced and requires a unique and tailored approach. This curriculum is designed to intentionally process feelings of grief and loss through creative expression and connection. Its group format enables clients to share their experiences and find connection amongst peers. Plans are formatted to be compatible with a standard three-week adolescent IOP or PHP and follow a predictable format, so both the clinician and clients know what to expect. Activities have been carefully selected to mimic tasks of mourning and DBT sequencing. In following the curriculum, adolescents will accept, process, and integrate feelings of grief and loss.

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Section V: Discussion

The research in this paper suggests that adolescent grief is unique and influenced by a myriad of factors including developmental changes, pre-existing mental health conditions, social connectedness, and more. The proposed curriculum draws on knowledge of Dialectical Behavior Therapy and Art Therapy to suggest a group-based program compatible with a partial hospitalization program or intensive outpatient program aimed at addressing feelings of grief and loss in adolescents. Through fostering mindfulness, social connectedness, and creative expression, adolescents can safely and effectively process and integrate feelings of grief and loss.

Brief Summary of Research

The research acknowledges adolescence as a significant period of developmental change marked by biological and social factors. The research also indicates that by 19 years of age, many adolescents will have experienced feelings of grief and loss and that, for many, it may be their first experience with grief and loss. Developmental changes shape the adolescent's experience with grief and loss, making the experience entirely unique. Research acknowledges that grief can be impacted by a myriad of factors including pre-existing mental health conditions, culture, and social connectedness.

Within the context of a partial hospitalization program (PHP) or intensive outpatient program (IOP) adolescents are already navigating with their mental health and require a higher level of care. The research distinguishes loss into two distinct categories. The first is finite, which is physical and tangible, and the second is nonfinite, which is nontangible and symbolic in nature. While both forms are significant, finite loss is more commonly acknowledged by society, and nonfinite loss often leads to disenfranchised grief. Research indicates that grief manifests in the body differently depending upon the individual. Although individual experiences of grief

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may vary, the recommended process of grief is to progress from acute grief to integrated grief. In the stage of integrated grief, individuals may still experience feelings of loss, but acute symptoms have subsided, and the individual is able to move forward in life. If an individual struggles to move past acute grief symptoms, the experience will transition into a complicated and prolonged form of grief identified as complicated grief.

The Tasks of Mourning model acknowledges that while individuals may experience feelings of grief differently, there are four steps that are pivotal to achieving integrated grief. Research demonstrates a positive outcome for social connectedness and shared experiences. Theoretical approaches such as Dialectical Behavior Therapy (DBT) and Art Therapy have been found to be effective in helping adolescents identify and manage feelings of grief. These approaches are client-centered and focus on skills like mindfulness, acceptance, distress tolerance, emotional regulation, and interpersonal effectiveness.

Discussion

Despite a thorough understanding of adolescence as an impactful time and plentiful research exploring grief and loss, there is interestingly little research examining adolescent grief. Still, it is clear the adolescent's experience of grief and loss is unique from child and adult counterparts and must be treated with individualized attention and respect. Adolescents need opportunities to connect with peers and process feelings of grief and loss in the community. Mindful activities help ground adolescents in the present moment and prime them for discussions of grief and loss. Art interventions support creative expression which can help articulate the emotions that are challenging to put into words. Shared experiences promote feelings of social connectedness. Together, these initiatives mimic tasks of mourning and enable adolescents to safely and effectively process and integrate feelings of grief and loss.

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Limitations

This research is not without limitations. One such limitation is the effectiveness of the manual. Although the manual is informed by research, it has not been piloted with clients, nor has any empirical research been conducted to examine its effectiveness. Further, there is a limited scope of research addressing adolescent grief and loss. Research on adolescent development was compiled alongside research on grief and loss to draw connections, but there was little research specifically addressing adolescent grief and loss. Similarly, while there is significant research on the effectiveness of art therapy for addressing grief and loss, it is limited in its use with adolescents. Another factor which limited outcomes was the set timeline. Research and development of the manual occurred across two academic semesters and was limited to university databases. Given more time and resources, the research and development of the manual would be more informed and refined.

Suggestions for Future Research

It is suggested that future research focuses on implementing and evaluating the effectiveness of the proposed manual in an adolescent PHP or IOP. Best practice would be to conduct a preliminary screening with clients prior to implementing the manual and a post screening following completion of the manual. This data could then be compared to evaluate the effectiveness of the program and any trends that arise. Ideally, the manual will be applied to multiple different PHP and IOPs spanning different regions, so further research can be informed by diverse outcomes. With applying the manual in practice, adaptations to the manual may need to be considered. Further, additional time and research would greatly inform the information, allowing it to be more refined.

Conclusion

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Adolescence is a period of significant developmental change influenced by both biological and social factors. Experiences of grief and loss are often new and challenging to navigate as an adolescent. Feelings of grief and loss are further complicated by pre-existing mental health conditions found in PHP and IOP settings. Theoretical approaches such as DBT and Art Therapy promote necessary skills such as mindfulness, acceptance, distress tolerance, emotional regulation, and interpersonal effectiveness. The proposed manual integrates DBT practices with art therapy interventions in a group setting to guide adolescents through the tasks of mourning and achieve the stage of integrated grief.

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Appendix