**SOCIAL ANXIETY SYMPTOMS AMONG YOUTH WITH DEVELOPMENTAL DISABILITIES: TRAJECTORIES AND RELATED FACTORS**

**Janette McDougall1,2, Virginia Wright3**

**1Thames Valley Children’s Centre, 2Western University, 3Bloorview Research Institute**

**Objectives:** Population-based studies have demonstrated an increased risk for developing internalizing mental health problems among children and youth with developmental disabilities, such as anxiety, depression, and social functioning difficulties. However, very little research has focused specifically on “social anxiety” among children and youth with developmental disabilities. Social anxiety disorder is described by the DSM-5 as being “fearful or anxious about or avoidant of social interactions and situations that involve the possibility of being scrutinized.” This debilitating disorder can persist into adulthood, and is associated with reduced employment, social inclusion, and quality of life. To better understand the potential development of this disorder among youth with developmental disabilities, this study was the first to explore individual social anxiety symptom trajectories over time and to identify factors influencing those trajectories.

**Method:** This study included a sample of 439 youth aged 11 to 17 with various developmental disabilities (e.g., cerebral palsy, brain injury, autism, Down syndrome, spina bifida). Participants were recruited from eight Ontario pediatric rehabilitation centres. Data was collected over four time points spaced a year apart. The Social Anxiety Scale for Children-Revised measured the study outcome. Latent Class Growth Analysis was used to study trajectories and logistic regression to identify related factors.

**Results:** Three distinct trajectory groups were found, with social anxiety symptoms remaining stable over time for each group: “high and stable” (17.1%); “moderate and stable” (44.4%); and “low and stable” (38.5%). Gender, cognition, peer support, social participation, and family functioning were factors that distinguished those youth with “low and stable” social anxiety symptoms from those with “moderate and stable” or “high and stable” social anxiety symptoms.

**Discussion/Conclusions:** Findings support a biopsychosocial, comprehensive approach to service provision for youth with developmental disabilities who experience social anxiety symptoms. Rehabilitation and other professionals should consider the influence of both individual and environmental level factors when working to minimize youths’ social anxiety symptoms and to reduce the risk that they will develop the disorder.

**Correspondence:**

**Janette McDougall, Ph.D.**

**Thames Valley Children’s Centre**

**779 Base Line Road East**

**London, ON, N6C5Y6**

**janette.mcdougall@tvcc.on.ca**

**Virginia Wright, Ph.D.**

**Bloorview Research Institute**

**150 Kilgour Road**

**Toronto, ON M4G 1R8**

**vwright@hollandbloorview.ca**