THE NOW WHAT? PARENT SERIES

My Kid Has Social Anxiety… Now What?

A Sanity-Saving, Spotlight-Reducing, Confidence-Building Guide for Real Parents in Real Homes

Welcome to the Club of Whispered Orders and Birthday-Party Negotiations

Your child can talk for 45 minutes about their favorite game at home. But when someone says hello at the grocery store? Suddenly, you are their spokesperson, translator, and human shield.

Maybe they dread class presentations, avoid lunch with other kids, or ask you to order their food. Maybe they want friends desperately, but the possibility of saying the wrong thing feels enormous.

> **Now what, when “just say hi” feels simple to you and impossible to them?**

This guide is about everyday parenting: understanding the fear, staying connected, and helping your child take manageable steps toward the things they want to do. It can support professional care; it does not replace assessment or treatment.

The goal is participation, not a personality makeover

Your child does not need to become the loudest person in the room. A quiet child can be confident. A child who loves alone time can be connected. We want fear to have less say in their choices.

> **“You don’t have to love the spotlight. We’ll work on helping you do the things that matter to you.”**

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Social Anxiety 101

Social anxiety involves fear of being judged, embarrassed, or rejected in social situations. When that fear persists and disrupts daily life, a clinician may diagnose social anxiety disorder. This is more than simply enjoying quiet time. [1]

What it can look like

• Freezing when asked a question, speaking very softly, or avoiding activities with other people.

• Stomachaches, trembling, tears, or irritability before social situations.

• Replaying a conversation afterward: “They definitely thought I was weird.”

These patterns can affect school, friendships, and family activities. A child may look uninterested while feeling intensely worried. Ask about their experience rather than assuming you know what the silence means. [1]

Quiet is not a problem to fix

Some children warm up slowly. Others prefer a few close friends. Look at distress and lost opportunities, not how outgoing they seem. Cultural expectations and communication styles matter, too.

Check what is happening around them

Ask privately about teasing, exclusion, racism, unsafe behavior, or online harassment. Fear can reflect a real problem. Address safety first; “practice being brave” is not a solution to bullying. Assessment should also consider communication, learning, sensory, and developmental needs. [2]

> **“Is this mostly a worry about what might happen, or has someone been doing something that makes you feel unsafe?”**

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Common Behaviors & What You Can Try

1. The Greeting Freeze

Expect: Hiding behind you, looking away, or going silent when an adult asks a question.

• Agree on a manageable greeting beforehand: a wave, nod, or short hello. Do not demand eye contact, hugs, or a public performance.

> **“You can wave today. I’ll stay beside you.”**

2. “You Order for Me”

Expect: Asking you to speak to the server, teacher, or cashier every time.

• Practice a short sentence at home. Agree on what they will try and what help you will provide. Gradually reduce that help as the step becomes manageable.

> **“You can say ‘water, please.’ I can help with the rest.”**

3. The Party Panic

Expect: “I’m not going.” Tears at the door. A sudden deep commitment to staying home.

• Ask which part feels hardest: arriving, joining a game, noise, or not knowing anyone. Plan a smaller step, such as meeting one familiar child before the event.

• Choose a realistic participation goal and check-in plan together. Avoid surprise drop-offs or dragging them into the room.

These are practice ideas, not requirements. For severe anxiety or repeated shutdowns, plan steps with a clinician.

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When Fear Takes Up Too Much Room

4. “What If Everyone Laughs?”

Expect: Dreading presentations, avoiding questions, or refusing to participate.

• Coordinate with school on a gradual plan: practicing with one trusted adult, then a small group, then a larger audience when appropriate.

• Avoid unexpected public calling-on. Keep access to learning while building participation. Review supports with the child, teacher, and clinician.

> **“We can’t promise nobody will ever laugh. We can make a plan for what you’ll do if a moment feels awkward.”**

5. The Friendship Overthink

Expect: “They don’t like me.” Deleting messages repeatedly. Avoiding invitations they actually want.

• Ask what they want from friendship. Offer a shared-interest activity or short time with one kind peer, rather than a full afternoon of unstructured socializing.

• Keep reflection brief: “What did you notice? What would you try again?” Resist reviewing every facial expression like courtroom evidence.

6. Talking at Home, Unable to Speak Elsewhere

A child who speaks comfortably in some settings but consistently cannot speak in others may need evaluation for selective mutism. This is not stubbornness. Seek help from the pediatrician, a mental health professional, and a speech-language pathologist as appropriate. Avoid pressure to perform; coordinate a communication plan across settings. [3]

> **“You’re not in trouble for finding talking hard. We’re going to get help making it easier.”**

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Small Steps. Real Confidence.

Gradual exposure is part of evidence-based cognitive behavioral therapy (CBT). A clinician can help tailor practice to your child. The aim is learning to handle safe situations with anxiety present, rather than waiting for every nervous feeling to disappear. [1, 4]

Build a ladder together

• Choose a goal your child cares about, such as asking a teammate to play.

• List possible steps: rehearse with you, wave to a familiar peer, ask one short question, then invite that peer to join an activity.

• Start with a manageable stretch. Repeat, adjust, and move forward collaboratively. If a step is overwhelming, make it smaller.

• Give quiet, specific feedback: “You asked while feeling nervous.” Ask whether they prefer encouragement privately.

The honest truth: you will sometimes…

Say “Just talk!” You are trying to help, and you are running late. Repair: “I put you on the spot. Next time we’ll plan the step first.”

Answer for them immediately. It is understandable to want relief. Reset: agree on a little wait time and a cue for help, then fade support gradually.

Promise everyone will like them. Replace certainty with coping: “Not everyone becomes our friend. You can handle that, and we’ll find your people.”

> **Comfort them. Believe their fear. Help them practice. You can do all three.**

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A Note to You, Brave Parent

You do not have to turn your child into a fearless social butterfly. You are helping them build a life with room for friendship, learning, and choice, even when their stomach does a backflip.

Some days the win is joining the game. Other days it is telling you what felt hard. Notice progress without making every outing a test. Keep ordinary connection alive: walks, jokes, cooking, and time together without an agenda.

When to ask for more support

Talk with your child’s pediatrician or a qualified mental health professional when fear interferes with attendance, learning, friendships, or daily activities; distress is persistent; or avoidance keeps expanding. You do not need to wait for things to become unbearable. [5]

Ask about CBT adapted for children with social anxiety and how parents can support practice. Include your child’s goals and communication needs. A clinician can assess other concerns and discuss whether additional treatment is appropriate. [4]

If your child talks about suicide or self-harm, take it seriously and seek urgent help. In the U.S., call or text **988**. For immediate danger, call **911** or go to the nearest emergency department. Elsewhere, use local crisis or emergency services. [5]

> **“You don’t have to do this alone. We’ll find the next step together.”**

Sources & further reading
[1] NIMH: Social Anxiety Disorder: What You Need to Know.
[2] NICE: Assessment and diagnosis for children and young people.
[3] ASHA: Selective Mutism.
[4] NICE: Treatment for children and young people.
[5] NIMH: Children and Mental Health: Is This Just a Stage?.
General parent education. Adapt strategies to your child’s needs and professional care plan.

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