

Social Anxiety

Is your child avoiding social interactions?



Is your child:

- Avoiding social situations or events?
- Worrying about not knowing what to do in a social situation?
- Acting painfully quiet or shy around other people?
- Struggling to complete a day of school?
- Calling you to pick her up from school?
- Going to the nurse but not actually seeming sick?
- Feeling afraid others do not like him or her?
- Asking questions about seemingly obvious social rules?
- Crying for an hour after you dropped her at preschool or kindergarten?

LET'S TALK ABOUT IT

Some children experience extreme anxiety or discomfort in social situations. These children often try to avoid school, birthday parties, and social gatherings. Social anxiety is extreme worry about being around other people. Perhaps it goes like this...Your child is looking forward to an upcoming birthday party. She is so excited that she asks you for

days how soon the party is. Then, when the day finally comes, your child suddenly looks panic stricken and begs you not to make her go. As you walk toward the party, your child is hanging on your leg and crying and refusing to go inside.

As a parent, you have no idea why your child does not want to go the party. It is possible that she can't even articulate it herself.

Children with low self-esteem or poor social skills may struggle with a fear of social situations. It also could be that the child has been rejected in the past and now is afraid to be around other kids. When these worries develop in young children, it is important to address them.

Feelings of worry, fear, anxiety, or panic could get worse as your child enters the teen years. Thus, it is crucial to notice these symptoms early and to work to treat any underlying challenges.

Alternately, social anxiety might develop as your child reaches middle school or high school. A combination of anxiety symptoms, puberty, and increased social demands could contribute to social anxiety.

At times, if these anxiety symptoms go untreated, more significant panic symptoms may develop, such as difficulty breathing, racing heartbeat and sweating palms. When children have extreme anxiety or panic, the motivation to avoid social situations is even greater, and symptoms can become harder to relieve.

CLINICAL DESCRIPTION

Children could have symptoms of social anxiety because of an underlying anxiety condition, as in the case of generalized anxiety, separation anxiety, or Obsessive Compulsive Disorder. Alternately, some children avoid social interaction because of deficits in social communication and social perspective taking, which are symptoms associated with autism.

Anxiety is defined as uncontrollable worry that is out of proportion to the situation, or excessive. Everyone worries about a number of things in life. Some level of anxiety is adaptive for people, even for children. The *Yerkes-Dodson Law* [2] states that as arousal increases, so does performance, initially, which means that being a bit anxious motivates a child to work harder. The law results in a curve, as performance is high in the middle (with arousal at a moderate level) and low on the ends. This curve means that too much anxiety or too little anxiety hurts performance. In the case of children with anxiety, perhaps being around other children, leaving mom or dad, not understanding the social cues of other children, or excessive worry across settings could be bothering your child. Anxiety can cause a child to freeze up, forget what to say, or do something regrettable. Your child may wish to avoid a party or social gathering because staying away from the stressor initially alleviates anxiety and is *reinforcing*. Your child may avoid more social settings because it felt good to stay home sick from school or to avoid

the party. Maybe it felt good because of the removal of social demands. Or, perhaps, it is because he or she feels safe at home with mom and dad. Finally, it could be that your child enjoys the chance to have alone time or to play videogames.

If your child has *Social Anxiety*, low *self-esteem* could underlie these feelings. This term means that your child has a low sense of his or her worth in relation to peers. Some children do not know what they are good at, why they are loveable, and who they are. Sometimes, these problems develop in response to a history of peer rejection, bullying, abuse, or trauma. Other kids may be more inclined toward a negative self-appraisal due to a chemical tendency toward anxiety or depression. Finally, other children may have difficulty developing a healthy self-esteem due to immaturity or delayed development. Identity formation is a process that develops throughout childhood and adolescence. Some children struggle more than others to integrate aspects of their personalities into a whole sense-of-self and to accept oneself 'warts and all.' Instead, they see every little mistake, failure, or personality flaw as unforgivable and are unable to develop a healthy identity.

If your child has *Separation Anxiety*, she does not like to separate from a primary caregiver. This form of anxiety sometimes results from a recent change in the family structure such as divorce, death of a loved one, or illness. Other children struggle to go off to preschool or kindergarten because they have never left the parent's side in the past. It may be the case that you rarely or never had a babysitter, and your child is simply not familiar with the concept of being separated from you. If separation anxiety is the issue, and it is effectively treated, the apparent problems with social anxiety should resolve as well.

Generalized Anxiety or *Obsessive Compulsive Disorder* involve worries that are not only social. Rather, children with these problems have overwhelming worries to the point that they struggle to be successful in a number of settings because of intense fears or obsessive thoughts.

Sometimes when children or adults worry too much they develop physiological symptoms that may feel to them like a heart attack. Challenges in breathing, racing heartbeat, sweaty palms and fear of death could mean a *panic attack* is happening. If this experience becomes a regular occurrence, or your child often fears panic attacks, a *Panic Disorder* may be indicated.

Social communication challenges and difficulty with perspective taking can lead to anxiety because of social failures and difficulties reading and understanding social cues. Maybe it is just easier for your child to play alone than to try to deal with social cues and pressures, which can be the case for children with *autism*.

WHAT TO DO IF YOUR CHILD WORRIES ABOUT SOCIAL SITUATIONS

Building confidence in your child's areas of strength can help improve self-esteem. For example, a child who is not a great athlete may excel in creativity and find a niche in

writing plays or designing sets. Helping your child find his or her niche and feel successful from a young age is crucial. By addressing symptoms early, your child will likely struggle less later on.

It is important to not allow your child to simply avoid anxiety-producing situations. Anxiety tends to grow when such potentially 'scary' events are averted. What happens is that your child pictures the situation as so much worse than it actually is.

Rather than having the chance to experience it and to realize for him or herself that it wasn't so scary, the child is left wondering how terrible it would have been. Further, the child feels a sense of failure, believing that he or she 'chickened out' rather than braved through the situation.

If your young child is struggling to separate from you, or is excessively shy, there are some action steps you can take. Look into meet-up groups, preschool, music class, social groups, 'mother's morning out,' or a gym class. Show your child that you can leave and then come back. Work to just get away for a few minutes, leaving your child with a trusted loved one. Extend this time gently. Success breeds success. The more positive social interactions the child has, the more he or she will want to engage in these in the future.

Be an advocate at your child's school for anti-bully and community building activities. Schools that place an emphasis on team building, a caring culture, and honoring people's individual differences create better communities that offer support to all children.

For more extreme symptoms like panic and avoidance of social settings, see a psychologist. If this change is sudden, make sure your child has not experienced something traumatic. Consult with a psychiatrist to see if medication is needed to ease panic symptoms. The best treatment for anxiety is generally considered to be Cognitive Behavioral Therapy (CBT). This evidence-based approach helps your child learn the skills and strategies to manage feelings of stress, deal with anxiety, and to face previously anxiety-provoking situations.

SIMILAR SYMPTOMS

If your child is struggling with a similar symptom not directly addressed in this section, see the list below for links to information about other related symptom areas.

- [General Anxiety](#): general feelings of anxiety that occur in many contexts; not necessarily just performance
- [Self-esteem](#): nervousness about being judged by peers or negatively evaluating oneself; memories of past failures in similar social situations
- [Social challenges](#): anxiety may be related to social deficits, trouble reading other people, fitting in, or making friends

POTENTIAL DISABILITIES

Children who have significant problems in this area **may** have any of the following potential disabilities. *Note, this information does **not** serve as a diagnosis in any way. See the 'Where to Go for Help' section for professionals who can diagnose or provide a referral.

- [Generalized Anxiety Disorder \(Anxiety\)](#) - excessive worry that has an impact on day-to-day functioning; here it is important to look at anxiety across settings to see what diagnosis fits best
- [Separation Anxiety Disorder \(Anxiety\)](#) - anxiety that is related to being separated from a primary caregiver, usually in young children
- [Social Anxiety Disorder \(Anxiety\)](#) - anxiety related to feeling incapable in social situations but not translated across settings. Your child may stay away from birthday parties but feel confident taking a test
- [Panic Disorder](#) - anxiety symptoms that manifest in physical symptoms like hyperventilating, rapid heartbeat, etc. These symptoms result in panic attacks. A person who has had a panic attack may avoid places for fear of having another one
- [Obsessive Compulsive Disorder](#) - anxiety that is in the form of obsessions and compulsive behaviors that must be completed in order to relieve the anxiety
- [Autism Spectrum Disorder](#) - anxiety may be related to deficits in social communication and restricted interests or behaviors that may lead to a preference for routine; challenges reading other's social cues. It may be easier to play alone than to socialize
- [Depression](#) - Anxiety and depression are on a continuum. Low self-esteem may lead to anxiety at first, but depression could result if your child feels socially isolated and does not receive prompt treatment

WHERE TO GO FOR HELP

If your child is struggling with a symptom to the point that it is getting in the way of his or her learning, relationships, or happiness, the following professionals could help; they may offer diagnosis, treatment, or both.

- [CLEAR Child Psychology](#): to obtain a *customized profile* of concerns for your child, *consult 'live'* with a psychologist
- [Psychotherapist or Play Therapist](#) – to treat anxiety using clinical approaches such as cognitive behavioral therapy
- [School Psychologist](#) – to treat anxiety in the school setting; provide a social group; look at ways to adjust the setting to lessen anxiety



- [Psychologist or Neuropsychologist](#) – to provide a full assessment to look at symptoms in mental health context

These professionals may recommend or administer the following tests for this symptom:

- [Roberts, BASC-3, Clinical Interview, RCMAS, CDI-2, Human Figure Drawing, Brief Projective Measures](#): social/emotional assessment (Neuropsychological or psychological evaluation)
- [WISC-V](#): cognitive assessment (Psychological, or School Psychological evaluation)
- [ADOS-2](#): social skills assessment, considering social perspective taking, social communication, and other skill deficits that may indicate an autism diagnosis should be considered

LEARN MORE

For clinicians and parents:

[1] Kroncke, Willard, & Huckabee (2016). *Assessment of autism spectrum disorder: Critical issues in clinical forensic and school settings*. Springer, San Francisco.

Springer: <http://www.springer.com/us/book/9783319255026>

Amazon: <https://www.amazon.com/Assessment-Autism-Spectrum-Disorder-Psychological/dp/3319255029/>

[2] Yerkes RM, Dodson JD (1908). "[The relation of strength of stimulus to rapidity of habit-formation](#)". *Journal of Comparative Neurology and Psychology* **18**: 459–482.

[3] Peters, D.B. (2013). *From worrier to warrior: A guide to conquering your fears*. Great Potential Press: Tucson, AZ

<https://www.amazon.com/Worrier-Warrior-Guide-Conquering-Fears/dp/1935067249/>

[4] Foxman (2003). *Recognizing anxiety in children and helping them heal*.

<https://www.amazon.com/Worried-Child-Recognizing-Anxiety-Children/dp/0897934202/>

For kids:

[5] Meiners, Cheri J. (2003). *When I Feel Afraid (Learning to Get Along)*.

<https://www.amazon.com/When-Feel-Afraid-Learning-Along/dp/1575421380/>

[6] Freeland PhD, Claire A. B. and Toner PhD, Jacqueline B. (2016). *What to do When You Feel Too Shy: A Kid's Guide to Overcoming Social Anxiety*

<https://www.amazon.com/What-When-You-Feel-What-/dp/1433822768>

[7] Green, Andi (2011) Don't Feed The WorryBug.
<https://www.amazon.com/Dont-Feed-WorryBug-Soft-Cover/dp/0979286077/>

[8] Culbert, Timothy & Kajander, Rebecca. (2007) Be the Boss of Your Stress (Be The Boss Of Your Body®). <https://www.amazon.com/Be-Boss-Your-Stress-Body/dp/1575422565/>

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