

TSDD or Fear of Harm

a new diagnosis

Understanding Thermoregulatory Sleep Dysregulation Disorder (TSDD), also known as Fear of Harm (FOH), a distinct phenotype of early-onset bipolar disorder identified by Dr. Demetri Papolos, and what it means for children, teens, and their families.

For families who have long struggled to find answers, TSDD offers something profoundly important: a name for what their child is experiencing, and a framework for understanding and treating it.

TSDD is characterized by a set of symptoms that cluster together and respond to a specific treatment approach. Understanding this phenotype can help families and providers work more effectively toward stability, safety, and quality of life.

A diagnosis is not a limitation. It is a doorway to the right treatment, and a path toward a better life for your child and your family.

Children's Mental Health Resource Center provides families and providers with access to the most current research, community support, and expert guidance on TSDD and related mood disorders. You do not have to navigate this alone.

cmhrc.org/info-fear-of-harm

A Resource for Parents & Caregivers

TSDD is a distinct phenotype of bipolar disorder characterized by temperature dysregulation, hypervigilance, severe separation anxiety, nightmares, a fear that harm will come to self or others, and mood instability. These symptoms can be terrifying for children and overwhelming for families.

Families who understand Thermoregulatory Sleep Dysregulation Disorder (TSDD) are better equipped to pursue accurate diagnosis, appropriate treatment, and realistic expectations for recovery.

! What used to be called FOH is now termed Thermoregulatory Sleep Dysregulation Disorder (TSDD). Temperature dysregulation and sleep disruption are key features that shape both symptoms and treatment.

Treatment of TSDD involves a combination of mood-stabilizing medications, careful attention to sleep and temperature regulation, and family education and support. Research by Dr. Demetri Papolos and colleagues at the Juvenile Bipolar Research Foundation (JBRF)



Is Fear of Harm the same as bipolar disorder?

NO TSDD is a specific phenotype, or subtype, of bipolar disorder. Research estimates that out of all individuals with bipolar disorder roughly 1/3 have this thermo-dysregulated subtype; roughly 1/3 have some but not all of its symptoms; and roughly 1/3 show no symptoms of TSDD.

Does my child actually want to hurt someone?

NO Children with TSDD experience intrusive, terrifying thoughts about involuntarily harming others. These thoughts cause profound fear and distress precisely because **the child does not want to cause harm**. The fear, not the intent, is the symptom.

Are temperature and sleep really part of this diagnosis?

YES Research has shown that children with TSDD have measurable dysregulation in thermoregulatory and sleep mechanisms. Night terrors, hypersensitivity to heat, and sleep disruption are core features, not coincidental complaints.

Can TSDD be treated effectively?

YES Published research papers document meaningful improvement in children treated with targeted mood-stabilizing medications combined with medications to treat temperature regulation and sleep. Early and accurate diagnosis improves outcomes.

Will my child grow out of it?

NO TSDD, like other forms of bipolar disorder, is a lifelong condition. However, with effective treatment and ongoing support, children can achieve real stability, build coping skills, and live full, meaningful lives.

Where can I find providers who understand TSDD?

YES CMHRC maintains resources to help families find informed providers and connect with community support. Visit cmhrc.org/info-fear-of-harm for the most current research, diagnostic information, and treatment guidance. Reach out today to admin@cmhrc.org for additional support in understanding TSDD.

Based on educational content from published, peer-reviewed, research papers available on cmhrc.org, jbrf.org, and pubmed.ncbi.nlm.nih.gov/.

YOU ARE NOT THE CAUSE

Parents of children with TSDD often carry profound guilt, wondering what they did wrong. TSDD is a neurological condition. It is not caused by parenting. Understanding the biological roots of your child's symptoms is the first step toward both your healing and theirs.

For a child with TSDD, living with their symptoms is extraordinarily difficult. This carries over to those they live with as well. Recognizing that your child's behavior is driven by a medical condition, not willfulness or manipulation, can begin to transform the family dynamic.

THE SIX DIMENSIONS OF TSDD

- Fear of harm to self and others
- Separation anxiety
- Hypersensitivity to heat
- Sleep disturbance and nightmares
- Grandiosity and elevated mood
- Oppositional and defiant behaviors

Understanding these dimensions helps families and providers recognize the full picture.

Families who gain an accurate understanding of TSDD report that the diagnosis itself brings relief, a name finally given to explain the chaos, and a path forward where none seemed possible before.

ON THE RELIEF OF ACCURATE DIAGNOSIS**What TSDD (Fear of Harm) Really Is**

The disorder known as Fear of Harm, or FOH, is a phenotype of bipolar disorder first identified by Dr. Demitri Papolos. It is now called Thermoregulatory Sleep Dysregulation Disorder (TSDD) in the literature. These names reflect the evolving understanding of the disorder's core features.

UNSPECIFIED BIPOLAR DISORDER AND TSDD

TSDD may be diagnosed under DSM-5 as Unspecified Bipolar Disorder. The TSDD designation reflects the role of disrupted thermoregulatory and sleep mechanisms in driving the symptom cluster. Both framings point to the same treatable condition.

Children with TSDD often cycle rapidly, experience intense rages, seek closeness to caregivers while also exhibiting oppositional behavior, and are profoundly disturbed by heat and disrupted sleep. When these features cluster together, **TSDD should be considered and evaluated.**

Core features of the TSDD phenotype include:

1. Intrusive fears of harming self or others, paired with intense distress about those thoughts. In TSDD-FOH, these thoughts are frightening to the child.
2. Severe separation anxiety, especially at night or during transitions. The child needs to know a trusted adult is nearby and often cannot tolerate being alone, even in safe spaces, especially at bedtime.
3. Heat hypersensitivity and cold tolerance. Children with TSDD-FOH often become symptomatic when overheated and are soothed by cool environments. Parents frequently report their child seeking cold showers or cool air.
4. Night terrors and sleep disruption that are more severe and frequent than typical childhood sleep disturbances, often involving violent or threatening imagery.

Diagnosis, Treatment, and Hope

Because TSDD is a recently identified phenotype, many families and providers have not yet encountered it. Misdiagnosis is common. Children may be labeled with ADHD, ODD, anxiety disorders, or other conditions before the full TSDD picture becomes clear.

Steps toward accurate diagnosis and care:

- Seek an evaluation with a child psychiatrist comfortable diagnosing childhood-onset bipolar disorder
- Document the full symptom picture, including sleep disturbance, heat sensitivity, and extreme fear
- Share published research on FOH/TSDD and resources like CMHRC with your child's treatment team
- Connect with other families who have navigated this path through CMHRC community resources
- Pursue a treatment plan that addresses mood stabilization, and use safe, at-home cooling and temperature regulating strategies, circadian rhythm resets, and other lifestyle interventions that support stability

Children with TSDD who receive appropriate treatment can achieve real stability. Early, accurate diagnosis and a targeted treatment approach make a meaningful difference in long-term outcomes.

FROM THE CMHRC FEAR OF HARM RESOURCE LIBRARY

You are not alone on this journey. Additional research citations and family resources are available at cmhrc.org. We're here to help.