Review Article

Teachable Moment Brief Intervention (TMBI) for Intensive Suicidal Ideation: A Narrative Review of a Rare and Critical Approach in Suicide Prevention

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Abstract

Suicide is a significant global public health issue, and suicidal ideation poses a substantial risk, especially when it becomes intensive, characterized by persistent and severe thoughts of suicide. Despite the high risk, effective interventions specifically targeting individuals with intensive suicidal ideation remain limited. The Teachable Moment Brief Intervention (TMBI) offers a novel approach to addressing this gap. By focusing on critical junctures, TMBI is designed to leverage teachable moments—naturally occurring events that create heightened awareness and motivation for change—to provide timely and focused intervention for those in suicidal crises. The intervention involves a single session that includes collaborative assessment, safety planning, and the identification of protective factors, all aimed at reducing suicidal ideation and promoting safety. However, the successful implementation of TMBI is not without its obstacles. Implementing TMBI faces challenges such as ensuring clinician preparedness, addressing short-term crisis management, and ensuring continuity of care. Given these challenges, future directions for TMBI involve enhancing clinician training, adapting the intervention for diverse populations, and integrating TMBI with other evidence-based strategies. Therefore, this review aims to provide a comprehensive and critical analysis of the current state of research on TMBI for intensive suicidal ideation.

Keywords Teachable Moment Brief Intervention (TMBI) · Intensive Suicidal Ideation · Suicide Prevention · Crisis Intervention · Psychotherapy

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Introduction

Suicide is a global public health concern, with an estimated 703,000 people dying by suicide each year (Kallivayalil & Mathew, 2022). Suicidal ideation, defined as thoughts about taking one's own life, affects approximately 9.2% of the global population at some point in their lives, making it a widespread issue (Klonsky et al., 2016; Saber et al., 2024). Intensive suicidal ideation, characterized by persistent, severe, and difficult-to-control thoughts of suicide, is particularly concerning due to its strong association with suicide attempts and completed suicide (Zhou et al., 2020). Despite the high prevalence and severe consequences of intensive suicidal ideation, there is a lack of effective interventions specifically targeting this critical population, with approximately 1 in 5 people who experience suicidal ideation eventually attempting suicide (Klonsky et al., 2016). Traditional approaches to suicide prevention often focus on long-term treatment and risk assessment, which may not adequately address the immediate needs of individuals experiencing acute suicidal crises (Michel, 2021). In light of these challenges, brief interventions have emerged as a promising approach to provide rapid support and reduce suicidal ideation in high-risk individuals (Jobes & Chalker, 2019).

One such brief intervention is the TMBI, a rare and innovative approach that leverages the concept of "teachable moments" to promote positive change in individuals with intensive suicidal ideation (O'Connor et al., 2015). Teachable moments are defined as naturally occurring events or experiences that create a heightened sense of awareness and motivation for behavior change (Woods & Jeffrey, 2019). In the context of suicide prevention, a teachable moment may occur when an individual experiences a suicidal crisis and seeks help, presenting a unique opportunity for intervention (Galynker, 2023). The TMBI approach capitalizes on this window of opportunity by providing a focused, time-limited intervention that aims to reduce suicidal ideation and promote safety planning (O'Connor et al., 2020). The intervention typically consists of a single session lasting 45-60 minutes, during which a trained clinician engages the individual in a collaborative discussion about their suicidal thoughts, reasons for living, and coping strategies (Calati et al., 2023; O'Connor et al., 2015). The clinician also works with the individual to develop a personalized safety plan, which includes identifying warning signs, internal coping strategies, social contacts for support, and professional resources (O'Brien et al., 2021).

The theoretical underpinnings of TMBI draw from various psychological and behavioral theories, including the interpersonal theory of suicide (Macintyre et al., 2021), the fluid vulnerability theory of suicide (Bryan et al., 2020), and the transtheoretical model of behavior change (Hashemzadeh et al., 2019). These theories emphasize the dynamic nature of suicidal ideation and the importance of addressing both risk and protective factors in suicide prevention. By integrating these perspectives, TMBI aims to reduce the intensity and duration of suicidal ideation and prevent future suicidal behavior by targeting the individual's immediate crisis and enhancing their coping skills (Macintyre et al., 2021). Preliminary evidence suggests that TMBI may be an effective approach for reducing suicidal ideation and promoting safety planning in individuals with intensive suicidal ideation (Comtois et al., 2011; O'Connor et al., 2020; O'Connor et al., 2015). For instance, a pilot study by O'Connor et al. (2020) found that individuals who received TMBI reported significant reductions in suicidal ideation and increased confidence in their ability to cope with future suicidal crises.

Despite these promising findings, research on TMBI for intensive suicidal ideation remains limited, with only a handful of studies conducted to date (O'Connor et al., 2020; O'Connor et al., 2015). The majority of these studies have been small-scale pilot trials or single-arm studies, highlighting the need for more rigorous research designs, such as randomized controlled trials, to establish the efficacy of TMBI. Given this gap in the literature, the present review aims to provide a comprehensive and critical analysis of the current state of research on TMBI for intensive suicidal ideation.

The Theoretical Basis of TMBI

The TMBI for intensive suicidal ideation is grounded in several well-established psychological and behavioral theories that provide a framework for understanding the dynamics of suicidal thoughts and informing effective intervention strategies (Macintyre et al., 2021). One of the key theories underpinning TMBI is the interpersonal theory of suicide (Stellrecht et al., 2006), which posits that suicidal behavior is driven by the confluence of three factors: perceived burdensomeness, thwarted belongingness, and acquired capability for suicide (Chu et al., 2017; Saber et al., 2024). Specifically, according to this theory, individuals who experience intensive suicidal ideation often feel like a burden to others and lack a sense of social connectedness, which, when combined with a heightened capacity to engage in suicidal behavior, significantly increases their risk of suicide (Van Orden et al., 2010). In addition to this, another important theoretical foundation of TMBI is the fluid

vulnerability theory of suicide (O'Connor et al., 2020), which emphasizes the dynamic and fluctuating nature of suicidal ideation and behavior (Rugo-Cook et al., 2021). This theory suggests that an individual's vulnerability to suicide is not a static trait but rather a fluid state that can change rapidly in response to various internal and external factors, such as life stressors, emotional distress, and interpersonal conflicts (Bryan et al., 2020). Consequently, the fluid vulnerability theory highlights the importance of addressing the immediate suicidal crisis and providing timely interventions that can help individuals navigate these critical moments of heightened risk (Rudd, 2006).

Moreover, TMBI also draws from the transtheoretical model of behavior change (Flocke et al., 2012), which describes the process of intentional behavior change as a progression through five distinct stages: precontemplation, contemplation, preparation, action, and maintenance (Hashemzadeh et al., 2019; Pennington, 2021). In this regard, in the context of suicide prevention, TMBI aims to meet individuals where they are in their readiness to change and provide stage-matched interventions that can facilitate their movement towards action and maintenance (Dohnke et al., 2012). By doing so, TMBI leverages the teachable moment created by the suicidal crisis to enhance individuals' motivation and commitment to engage in safety planning and adopt coping strategies that can reduce their risk of suicidal behavior. Finally, TMBI is informed by the concept of brief interventions, which have been widely used in various health domains, such as substance abuse and HIV prevention (Wilson, 2023). Brief interventions are typically short, focused, and goal-oriented, aiming to provide immediate support and promote positive behavior change in a time-limited manner (Pringle & Rice-Stubbs, 2023).

Core Components of TMBI

The TMBI for intensive suicidal ideation is a structured and focused approach that consists of several key components designed to provide immediate support, reduce suicidal risk, and promote safety planning (O'Connor et al., 2020; O'Connor et al., 2015). To begin with, one of the core elements of TMBI is the collaborative assessment of suicidal ideation, which involves a detailed exploration of the individual's suicidal thoughts, feelings, and behaviors (Jobes, 2023). During this assessment, the clinician engages the individual in a non-judgmental and empathetic dialogue, aiming to understand the nature, intensity, and duration of their suicidal ideation, as well as any precipitating factors or stressors (Grigoroglou et al., 2021). This process not only provides valuable information for risk assessment and treatment planning but also helps to establish a therapeutic alliance and validate the individual's experiences. Furthermore, another essential component of TMBI is the

identification and reinforcement of reasons for living, which serves as a powerful counterpoint to the individual's suicidal thoughts and motivations (Dulac-Arnold et al., 2021). In this context, the clinician works with the individual to explore and articulate their personal values, goals, and relationships that provide a sense of meaning, purpose, and connection in their life (Bigelow, 2022). By highlighting and strengthening these protective factors, TMBI aims to enhance the individual's resilience and motivation to engage in safety planning and adopt coping strategies that can reduce their risk of suicidal behavior.

A third critical component of TMBI is the development of a personalized safety plan, which is a collaborative process between the clinician and the individual (Stanley & Brown, 2012). Specifically, the safety plan is a written document that outlines a set of concrete steps and strategies that the individual can use to manage their suicidal thoughts and maintain their safety during times of crisis (O'Brien et al., 2021). The safety plan typically includes elements such as identifying warning signs and triggers, listing internal coping strategies, identifying social supports and emergency contacts, and specifying professional resources and crisis hotlines (O'Brien et al., 2021). By involving the individual in the creation of their own safety plan, TMBI fosters a sense of empowerment and self-efficacy, as well as provides a tangible tool for navigating future suicidal crises. In addition, TMBI emphasizes the importance of follow-up and ongoing support, recognizing that suicidal ideation is often a recurring and fluctuating phenomenon (Suárez-Pinilla et al., 2020). After the initial intervention session, the clinician arranges for a series of brief follow-up contacts, either in-person or via telephone, to monitor the individual's suicidal ideation, assess their use of the safety plan, and provide ongoing support and encouragement (Pyle et al., 2024). These follow-up contacts also serve as an opportunity to reinforce the individual's reasons for living, review and update the safety plan as needed, and facilitate referrals to longer-term treatment or community resources (Simon et al., 2022). By providing a continuum of care and support, TMBI aims to help individuals maintain their gains and reduce their risk of future suicidal crises.

Taken together, these core components of TMBI— collaborative assessment, identification of reasons for living, safety planning, and follow-up support—form a comprehensive and targeted approach to addressing intensive suicidal ideation and promoting positive outcomes in suicide prevention.

The Role of Reflective Practice in TMBI

Reflective practice, a process of critically examining one's own thoughts, feelings, and actions, plays a crucial role

in the effective delivery of the TMBI for intensive suicidal ideation (Farrell, 2022; Ng et al., 2020). Given the high stakes involved in suicide prevention work and the emotional intensity of interacting with individuals in acute suicidal crises, it is crucial for clinicians who are implementing TMBI to engage in ongoing reflective practice. This practice is necessary to maintain their own well-being, improve their therapeutic skills, and ensure the quality of care they provide (Curry & Epley, 2022). One key aspect of reflective practice in TMBI is the clinician's self-awareness and emotional regulation (Lilienfeld & Basterfield, 2020). Working with individuals experiencing intensive suicidal ideation can evoke a range of powerful emotions, such as anxiety, sadness, and helplessness, which can potentially interfere with the clinician's ability to provide empathetic and effective care (Harmer et al., 2020). Therefore, by engaging in regular self-reflection and seeking support through supervision or peer consultation, clinicians can better recognize and manage their own emotional responses, maintain appropriate boundaries, and prevent burnout or compassion fatigue.

In addition to self-awareness, another important dimension of reflective practice in TMBI is the ongoing evaluation and refinement of one's clinical skills and intervention strategies (Richard et al., 2019). Given the brief and focused nature of TMBI, clinicians should be able to quickly establish rapport, conduct a thorough assessment, and collaboratively develop a safety plan with the individual in a single session (Jobes, 2023). This necessitates a high level of clinical expertise, flexibility, and adaptability, as well as the ability to learn from each encounter and continuously improve one's practice. By engaging in systematic reflection on their experiences delivering TMBI, seeking feedback from colleagues or supervisors, and staying abreast of the latest research and best practices in suicide prevention, clinicians can enhance their competence and effectiveness in this critical area of intervention (Labouliere et al., 2021; Stone et al., 2017). Ultimately, the integration of reflective practice into the delivery of TMBI not only benefits the clinicians themselves but also ensures that individuals receiving this intervention receive the highest quality of care and support during their time of acute suicidal crisis.

Efficacy of TMBI in Reducing Suicidal Behavior

The TMBI, developed by O'Connor et al. (2015), has shown promising results in reducing suicidal behavior among individuals experiencing intensive suicidal ideation. Several studies have investigated the efficacy of TMBI in various settings and populations, providing evidence for its

potential to mitigate the risk of suicide attempts and promote engagement in safety planning. O'Connor and his team have tested the intervention in clinical settings on multiple occasions. One notable study by O'Connor et al. (2015) conducted a feasibility trial to evaluate the effectiveness of TMBI in a Level 1 trauma center. Fifty patients who were medically admitted following a suicide attempt were randomized to receive either TMBI plus usual care or usual care alone. The results demonstrated that individuals who received TMBI had significantly greater improvements in readiness to change problematic behaviors and reasons for living at the 1-month follow-up compared to those who received usual care alone. These findings suggest that TMBI can have a meaningful impact on reducing suicidal behavior and enhancing patient motivation to engage in ongoing care, laying a foundation for further exploration into its broader applications.

Similarly, O'Connor and his colleagues again tested the TMBI in a second study in 2020, exploring its implementation for hospitalized suicide attempt survivors (O'Connor et al., 2020). This study focused on the feasibility and acceptability of TMBI in providing timely, patient-centered interventions for individuals at risk of suicide. Participants who received the intervention reported high levels of satisfaction and a notable reduction in suicidal ideation during the follow-up period. These results underscore the potential of brief, targeted interventions like TMBI to address the unique needs of high-risk populations and reduce the incidence of suicide attempts. While these initial findings are encouraging, it is important to note that the evidence base for TMBI is still emerging, and further research is needed to establish its long-term efficacy and effectiveness across diverse populations and settings. For a detailed overview of the Teachable Moment Brief Intervention, refer to *Figure 1*.

Challenges and Limitations of TMBI

While the TMBI offers a promising approach to addressing intensive suicidal ideation, it is not without its challenges and limitations. One significant challenge is the limited availability of trained clinicians who are equipped to deliver this specialized intervention. Given the high-risk nature of suicidal crises and the need for rapid assessment and intervention, clinicians implementing TMBI should possess a unique combination of clinical expertise, emotional resilience, and crisis management skills. However, the shortage of mental health professionals with these qualifications can limit the accessibility and scalability of TMBI, particularly in resource-limited settings. Another limitation of TMBI is its focus on short-term crisis intervention, which may not adequately address the underlying psychological, social, or environmental factors

that contribute to an individual's suicidal ideation. Although TMBI can effectively reduce the immediate risk of suicidal behavior and promote safety planning, it is not intended to replace longer-term psychotherapy or comprehensive treatment for mental health conditions. As a result, ensuring a smooth transition from TMBI to ongoing care and support services remains a critical challenge, as individuals may face barriers to accessing or engaging in follow-up treatment.

Future Directions for TMBI in Suicide Prevention

As research on the TMBI for intensive suicidal ideation continues to evolve, several key areas warrant further investigation to optimize its effectiveness and expand its reach in suicide prevention efforts. One important future direction is the development and evaluation of training programs to increase the number of clinicians who are competent in delivering TMBI. This may involve the creation of standardized curricula, simulation-based learning experiences, and ongoing supervision and consultation models to support clinicians in acquiring and maintaining the necessary skills. Moreover, another promising avenue for future research is the adaptation and testing of TMBI for specific populations or settings, such as adolescents, older adults, or individuals in primary care or emergency department contexts. By tailoring the intervention to the unique needs and challenges of these groups, researchers can explore ways to enhance the relevance, acceptability, and impact of TMBI across diverse populations and service delivery systems. Additionally, future studies should investigate the potential for integrating TMBI with other evidence-based interventions, such as safety planning, means restriction, or brief cognitive-behavioral therapy, to create comprehensive and synergistic approaches to suicide prevention.
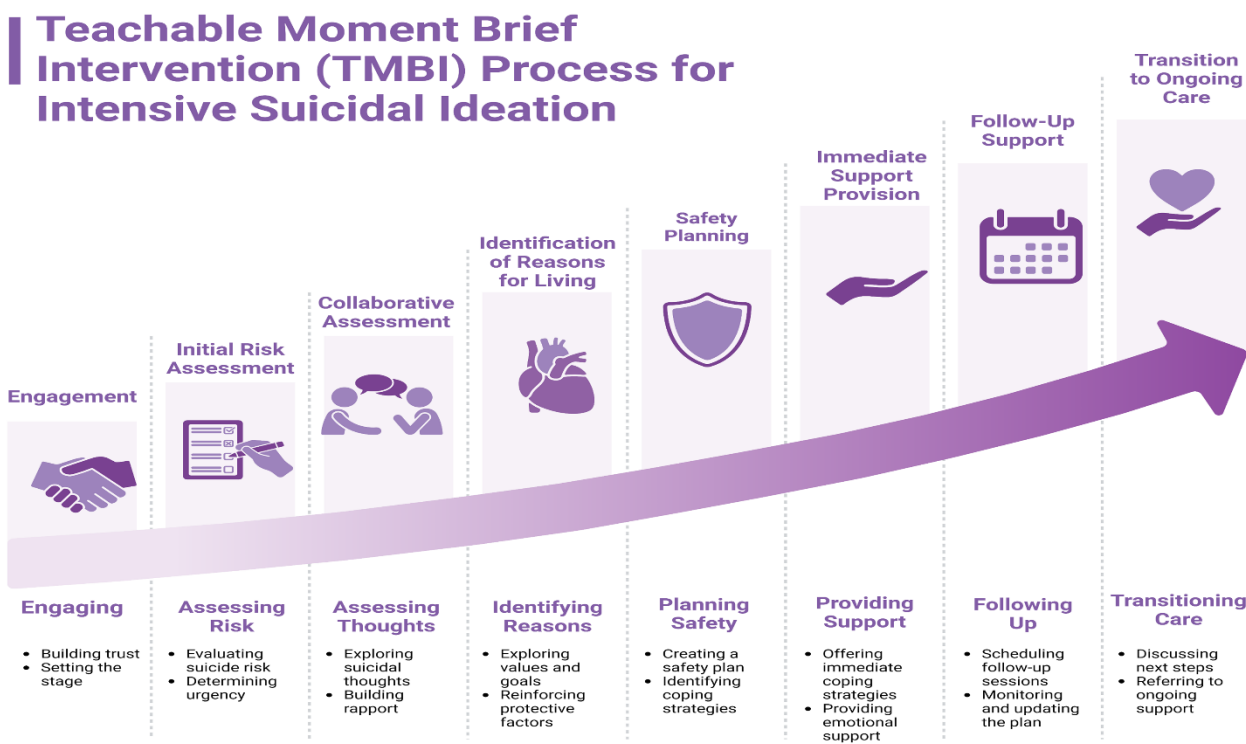
Figure 1. Teachable Moment Brief Intervention (TMBI) Process for Intensive Suicidal Ideation. Created with BioRender.com

Conclusion

In concluding the extensive exploration of the TMBI for Intensive Suicidal Ideation, it is crucial to recognize the intervention's potential to transform suicide prevention efforts. The promise of TMBI lies in its innovative focus on leveraging teachable moments—critical junctures where individuals are most receptive to change—offering a timely and targeted approach to addressing severe suicidal thoughts. At its core, TMBI emphasizes rapid, focused interventions that include collaborative assessment, safety planning, and the identification of protective factors, all designed to reduce suicidal ideation and enhance safety. This intervention is particularly vital for individuals in acute suicidal crises, providing immediate support and actionable strategies during their most vulnerable moments. Indeed, the

5

TMBI's strength lies in its ability to deliver impactful care within a single session, making it a viable option for settings where time and resources are limited. However, the implementation of TMBI also presents challenges, including the need for specialized clinician training, effective short-term crisis management, and ensuring continuity of care after the initial intervention. Addressing these challenges will require the integration of TMBI with other evidence-based strategies and the adaptation of the intervention to meet the diverse needs of different populations. Moving forward, continuous research and refinement of TMBI are essential to fully realize its potential in suicide prevention. By enhancing clinician training, adapting the intervention for various contexts, and incorporating it into broader care frameworks, TMBI can indeed become a cornerstone in the fight against suicide, offering hope and support to those experiencing the most severe forms of suicidal ideation.

Statements and Declarations

Competing Interests The author has no relevant financial or non-financial interests to disclose.

Author Contributions Hardi Abdulqadir Hasan solely conceived, designed, supervised, drafted, and approved the final manuscript.

Permission to reproduce material from other sources There are no reproduced materials in the current study.

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