Poster of the workshop (with the biography of the speakers)

「守望．同行」災後喪親家庭支援計劃
HKU ABC-RS (已驗證量表) 專業培訓(第二期)

講者：周燕雯教授

周教授為香港大學社會工作及社會行政學系榮譽教授和「守望同行」災後喪親家庭支援計劃總監。她亦曾任香港大學社會工作及社會行政學系系主任及思源基金教授。

講者：張鳳儀女士

張女士為資深認證心理輔導師、心理輔導督導、香港專業輔導協會副院士、「守望．同行」災後喪親家庭支援計劃副總監。

混合培訓模式：線上及實體課程

第一階段：線上課程 (約3小時)

自選學習時間，必須於面授課程前完成

第二階段：面授課程 (3小時)

面授課程日期及時間*(每班名額30位)：

第一班：8月6日上午9:30至下午12:30

第二班：8月27日下午2:00至下午5:00

地點：香港大學百周年校園賽馬會教學樓533室

第三班：9月7日上午9:30至下午12:30

第四班：9月24日下午2:00至下午5:00

第五班：10月15日上午9:30至下午12:30

第六班：10月19日下午2:00至下午5:00

地點：待定

對象：社福、醫護界及相關專業人士

語言：粵語

報名二維碼

費用全免，並可獲取風險篩查手冊一本

*每班內容一致，參加者只須參與其中一班，請於報名時填寫閣下意欲參與之班次。

報名截止日期: 面授課程前一星期

此培訓與賽馬會善別關懷同盟的風險篩查培訓內容一樣，若意欲再次參加，仍歡迎報名。

CPD (社工)已批核: 6分；CNE (護士) 已批核: 2分

CME (醫生) 待批核

精神健康諮詢委員會

合作院校 Partner Institution

Department of Social Work and Social Administration
The University of Hong Kong
香港大學社會工作及社會行政學系

捐助機構 Funded By

香港賽馬會慈善信託基金
The Hong Kong Jockey Club Charities Trust

Objectives of the workshop:

By the end of the course, participants will be able to

1. Understand the rationale and preventive function of the HKU-ABC-RS
2. Administer and interpret the HKU – ABC- RS appropriately
3. Use HKU-ABC-RS to guide referral decisions
4. Apply the HKU-ABC-RS for caseload prioritization
5. Integrate the HKU-ABC-RS into routine care

Qualtrics Evaluation

Level of Understanding

1. Understanding the importance of risk screening in bereavement care.
2. Understanding bereavement risk factors related to death circumstances, personal characteristics, relationships, coping abilities, socio-cultural environment, and caregiving.
3. Knowing how to apply risk screening in clinical practice.

Level of Competency

1. Using risk screening tool to identify individuals in need.
2. Being able to identify key risk factors that require special attention.
3. Being able to formulate intervention suggestions or make referral decisions based on the screening results

Handout of the workshop

Compassionate Support Programme for Bereaved Families – Bereavement Risk Assessment (HKU ABC-RS) Face to Face Training

Facilitator: **Professor Amy CHOW**
The University of Hong Kong

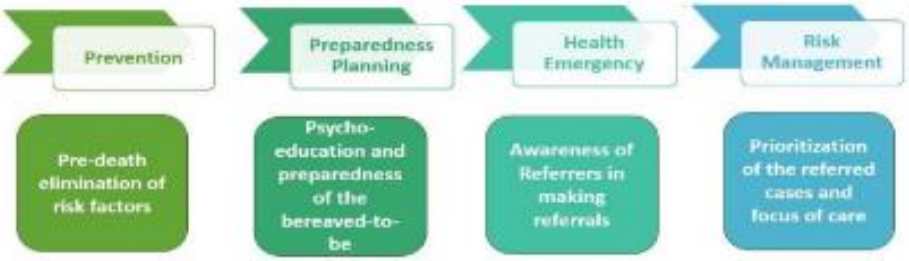
Understanding Limitation and Timeliness

- Know what you can offer and what you cannot. Refer to appropriate care if needed.
- If the need is urgent, assess and refer timely as an ethical act

Application of the HKU ABC-RS

- Check available information first
  - Existing files (e.g. demographic background), observations by formal or informal carer, previous communications with the bereaved persons
- Go with the flow
  - Not a check-list but based on the clinical encounters with the persons

Different Functions of HKU ABC-RS



- Prevention (healthcare professional)
  - Timely intervention of the modifiable risk factors in the pre-death moments
- Preparedness planning (general healthcare and social care professional)
  - Early intervention on potential distressing areas
  - Psycho-social education to increase competence in facing the challenges
- Bridging service (referrer)
  - Framework to identify the risk factors
  - Effective referral with common language for communications
- Prioritisation (bereavement care professional)
  - Directly proceed to outcome assessment, as risk is about probability and outcome is about actual situation
  - Prioritise only when too many referrals at one time
  - A mechanism to decide on the sequence of intake
  - A reference for assignment of case to appropriate worker

JCBeCARE 賽馬會善別關懷同盟 Jockey Club Bereavement Care and Support Alliance

主辦單位

HKU SWSA Department of Social Work and Social Administration The University of Hong Kong 香港大學社會工作及社會行政學系

資助團體

香港賽馬會慈善信託基金 The Hong Kong Jockey Club Charities Trust

香港大學善別關懷評估 — 風險篩查（HKU ABC-RS）

工作員填寫

"是 / 有"或"未知"總項數:

5 個範疇 (非照顧者)	6 個範疇 (照顧者)
**臨界點為 9	**臨界點為 11

個案編號：_____ 填寫日期：_____

填寫方法： ☐員工面談/觀察結果 ☐代理人代為填寫

☐其它:_____

	是 / 有 (1)	未知	否 / 沒有 (0)
與死亡相關因素			
1.1 孩子或配偶的死亡	☐	☐	☐
1.2 創傷性死亡	☐	☐	☐
1.3 突然死亡	☐	☐	☐
1.4 一年內有其他親人死亡	☐	☐	☐
1.5 認為自己對死亡負有責任	☐	☐	☐
1.6 未確定的死亡	☐	☐	☐
1.7 死亡發生在特別日期	☐	☐	☐
1.8 不被容許的悲傷／不被認可的悲傷	☐	☐	☐
1.9 不常見的死亡	☐	☐	☐

	是 / 有 (1)	未知	否 / 沒有 (0)
與個人相關因素			
2.1 曾接受精神科治療	☐	☐	☐
2.2 同時有其他壓力	☐	☐	☐
2.3 死亡後有重大生活變化	☐	☐	☐
與關係相關因素			
3.1 與離世者關係密切	☐	☐	☐
3.2 與離世者的關係感矛盾	☐	☐	☐
3.3 家人在他／她死後有衝突	☐	☐	☐
3.4 社會支持未滿足喪親者的需求	☐	☐	☐
3.5 認爲離世者有未完心事	☐	☐	☐
3.6 感到孤獨	☐	☐	☐
與應對相關因素			
4.1 應對困難	☐	☐	☐
與環境相關因素			
5.1 離世者的死被歧視	☐	☐	☐
5.2 喪禮及相關儀式不合常規	☐	☐	☐
5.3 離世者的死亡不符合「善終」的文化定義	☐	☐	☐
與照顧相關因素(如適用)			
6.1 是患者唯一的照顧者	☐	☐	☐
6.2 對患者的照顧不夠好	☐	☐	☐
6.3 認為患者得不到尊重	☐	☐	☐
6.4 家庭成員對臨終照顧決定不一致	☐	☐	☐
6.5 不滿與醫護專業人士的溝通	☐	☐	☐

練習 6

基於你的直覺，在三人小組中討論以下三個個案的風險水平。

A 女士（63 歲）是一名退休教師，單身。她的父母已離世一段時間，兄弟姐妹則居住於海外。退休後，她在曾任教的學校義務協助課外活動。另外，她養了一隻小貓，並悉心照顧。某天，她從義務工作回家後，發現那隻小貓死在家門前，屍體變形，疑似涉及車禍。此事之後，A 女士便留在家中，不再參與義務工作。後來，學校有位老師得知她的失落，送了一隻與之前那隻相似的小貓給她。

B 太太（59 歲）與丈夫結婚 40 年。二人共同養育了四名子女，現時子女均已結婚並有自己的孩子。B 先生在 60 歲生日當天退休，夫婦二人原定計劃在他退休後一同出國旅行。他的同事為他舉辦了一場退休慶祝會，會上他喝了酒，回家時看起來帶有醉意。當晚稍後時間，B 先生醒來時出現劇烈胸痛、嚴重不適及呼吸困難。救護人員到場前，他已失去知覺。B 太太憶述，他在最後的時刻握著她的手，請求她幫忙。他們原定的旅行計劃最終未能實現。

C 先生（36 歲）已婚，在美國工作。他的母親五年前離世，而父親獨自居住在香港，保持著活躍的社交生活。父親被診斷出患有肺癌，並且只在病情已達晚期時才告知 C 先生。C 先生申請無薪假期回來香港，在父親生命的最後一個月照顧他。他的妻子和兩歲的兒子也一同前來探望。父親表示很享受與孫子相處的時光。父親去世後，C 先生整理父親的遺物時發現了一本日記。他翻開閱讀後，得知父親在妻子離世後一直非常悲痛，經常在日記中表達想與她在天國重聚的心願。

Exercise 6: Case Study

Based on your intuition, in a group of 3, discuss the perceived risk level of the three cases

Madam A : Madam A (F/63) is a retired teacher who is single. Her parents passed away some time ago, and her siblings reside overseas. After retiring, she volunteered to assist with extra-curricular activities at her former school. She also owned a kitten, which she cared for. One day, after returning from her volunteer work, she found the deceased kitten at her front gate; the body appeared deformed and suggested involvement in a car accident. Following this, Madam A stayed at home and stopped volunteering. Subsequently, a teacher at her school, aware of her loss, gave her a new kitten resembling the previous one.

Mrs. B: Mrs. B (F/59) has been married to her husband for 40 years. Together, they raised four children, all of whom are now married with children of their own. Mr. B retired on his 60th birthday, and the couple had planned to travel internationally following his retirement. His colleagues organized a retirement celebration, during which he consumed alcohol and returned home appearing intoxicated. Later that night, Mr. B awoke experiencing acute chest pain, significant discomfort, and difficulty breathing. He became unresponsive before emergency services arrived. Mrs. B recalls his final moments holding her hand and requesting assistance. Their plans for future travel were not realized.

Mr. C: Mr. C (M/36) is married and employed in the United States. His father, who has been widowed for five years, resides alone in Hong Kong and appeared to maintain an active social life with his friends. The father was diagnosed with lung cancer and informed Mr. C of his condition only at its advanced stage. Mr. C was able to secure unpaid leave and return to Hong Kong to care for his father during the final month of his life. His wife and two-year-old son also accompanied him for the visit. The father expressed enjoyment from spending time with his grandson. After his father's passing, Mr. C sorted through his belongings and discovered his father's diary. Upon reading it, he learned that his father had experienced significant grief following the loss of his wife, frequently expressing a desire to be reunited with her in heaven.

Schedule of the F2F workshop

Compassionate Support Programme for Bereaved Families

Risk Assessment Training

Date: 8th August, 2026

Time: 09:30 – 12:30

Venue: CJT 5.33

Target: Health and Social Care Professionals.

Teacher: Ms. Florence Cheung

Objectives: By the end of the course, participants will be able to

1. Understand the rationale and preventive function of the HKU-ABC-RS
2. Administer and interpret the HKU – ABC- RS appropriately
3. Use HKU-ABC-RS to guide referral decisions
4. Apply the HKU-ABC-RS for caseload prioritization
5. Integrate the HKU-ABC-RS into routine care

Time	Content	Materials
09:15 – 09:30	Registration	Name list
09:30 – 09:35	Introduction - speaker, training programme, and this session	PPT, Computer, Projector
09:35 – 10:05	Recap of core points from online course	
10:05 – 10:30	Modifiable Risk Factors Exercise 1: Menti Exercise 2: Discussion	Notes with the HKU-ABC-RS
10:30 – 10:50	Unmodifiable risk factors Exercise 3: Discussion	
10:50 – 11:05	Break	
11:05 – 11:30	Referral Exercise 4: Discussion Exercise 5: Discussion	2 case videos
11:30 – 12:10	Prioritization Exercise 6: Discussion Exercise 7: Discussion	Case background handout
12:10 – 12:20	Reminders and Conclusion	Notes of slides 38-43
12:20 – 12:30	Q & A and Evaluation	

Compassionate Support Programme for Bereaved Families

Risk Assessment Training

Date: 27th August, 2026

Time: 14:00 – 17:00

Venue: CJT 5.33

Target: Health and Social Care Professionals.

Teacher: Ms. Florence Cheung

Objectives: By the end of the course, participants will be able to

6. Understand the rationale and preventive function of the HKU-ABC-RS
7. Administer and interpret the HKU – ABC- RS appropriately
8. Use HKU-ABC-RS to guide referral decisions
9. Apply the HKU-ABC-RS for caseload prioritization
10. Integrate the HKU-ABC-RS into routine care

Time	Content	Materials
13:45 – 14:00	Registration	Name list
14:00 – 14:05	Introduction - speaker, training programme, and this session	PPT, Computer, Projector
14:05 – 14:35	Recap of core points from online course	
14:35 – 15:00	Modifiable Risk Factors Exercise 1: Menti Exercise 2: Discussion	Notes with the HKU-ABC-RS
15:00 – 15:20	Unmodifiable risk factors Exercise 3: Discussion	
15:20 – 15:35	Break	
15:35 – 16:00	Referral Exercise 4: Discussion Exercise 5: Discussion	2 case videos
16:00 – 16:40	Prioritization Exercise 6: Discussion Exercise 7: Discussion	Case background handout
16:40 – 16:50	Reminders and Conclusion	Notes of slides 38-43
16:50 – 17:00	Q & A and Evaluation	

Compassionate Support Programme for Bereaved Families

Risk Assessment Training

Date: 24th September, 2026

Time: 14:00 – 17:00

Venue: CJT 11.03 and CJT 11.04

Target: Health and Social Care Professionals.

Teacher: Ms. Florence Cheung

Objectives: By the end of the course, participants will be able to

11. Understand the rationale and preventive function of the HKU-ABC-RS
12. Administer and interpret the HKU – ABC- RS appropriately
13. Use HKU-ABC-RS to guide referral decisions
14. Apply the HKU-ABC-RS for caseload prioritization
15. Integrate the HKU-ABC-RS into routine care

Time	Content	Materials
13:45 – 14:00	Registration	Name list
14:00 – 14:05	Introduction - speaker, training programme, and this session	PPT, Computer, Projector
14:05 – 14:35	Recap of core points from online course	
14:35 – 15:00	Modifiable Risk Factors Exercise 1: Menti Exercise 2: Discussion	Notes with the HKU-ABC-RS
15:00 – 15:20	Unmodifiable risk factors Exercise 3: Discussion	
15:20 – 15:35	Break	
15:35 – 16:00	Referral Exercise 4: Discussion Exercise 5: Discussion	2 case videos
16:00 – 16:40	Prioritization Exercise 6: Discussion Exercise 7: Discussion	Case background handout
16:40 – 16:50	Reminders and Conclusion	Notes of slides 38-43
16:50 – 17:00	Q & A and Evaluation	