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To the Thousands of
Dedicated Professionals

NCFRP supports CDR and FIMR teams across the country to understand how and why children die in order to keep kids alive and improve the health and safety of the country's children.

Health Resources and Services Administration

[Click here to download the Guidance for Reviews of Zika-Related Fatalities \(PDF\).](#)

Webinar "Recognizing and Responding to Vicarious Trauma in Fatality Review"

Presented December 14, 2016

Fatality review is hard work, and team members may frequently participate in difficult reviews about deaths. This exposure, whether one time or repeated over time, can bring about symptoms of vicarious trauma. The webinar will identify what vicarious trauma is, how to recognize it, and how to respond to it. Speakers will include CDR program representatives and an expert in vicarious trauma.

Webinar materials:

Video archive – passcode "VT"

Slides from Webinar (PDF)

Guidance for CDR and FIMR Teams on Addressing Vicarious Trauma (PDF).

Vicarious Trauma Toolkit

[Click here for our December 2016 Newsletter.](#)

Webinar "Effective Review of Natural Infant Deaths"

Presented November 16, 2016

Every year, more than half of child deaths ages 0 – 19 are infants under the age of one, and a great majority of them are natural deaths due to prematurity and low birth weight. This webinar provided a better understanding of what records are needed for a successful CDR and/or FIMR review; what to look for in those records, identified opportunities for community-based prematurity prevention; and discussed common barriers to implementing prevention strategies.

Webinar materials:

Slides (PDF)

Tips for effective reviews (PDF)

Video Archive – passcode "Effective"

Webinar follow-up responses to questions (PDF)

Data Quality Initiative

The National Center for Fatality Review and Prevention began a Data Quality Initiative under the leadership of Patricia Schnitzer, Ph.D. Its goal is to *improve the quality and consistency of the data entered into the Case Reporting System in an effort to improve usefulness of the data at the state and national level for identifying prevention strategies and monitoring the effectiveness of prevention measures that have been implemented.* More detail is provided on our Data Quality Initiative page.

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What you can do for yourself:

The goal is having a portfolio of strategies you can pull out at different times depending on the circumstances. For example, if your favorite response is running but it's not practical to run during your work day, have other options, as simple as a stroll outside the building or listening to your favorite song – whatever interrupts the pattern of what you are feeling. And not every activity will work every time, which is another reason to keep several options on your mind. Taking care of yourself doesn't always require a day at the beach or spa – it can be any pattern interruption. In other words, these activities don't have to be elaborate, time-intensive or cost money. When the team meets, keep to boundaries you set for yourself and others. Other suggestions for managing VT include:

- ✓ Develop a plan to interrupt the pattern of VT feelings
- ✓ Identify triggers that cause VT for you and know your level of tolerance
- ✓ Work with a therapist
- ✓ Engage in self-care with respect to diet, sleep and exercise
- ✓ Seek emotional support from friends; spend time with people that you don't have to help, take care of or save
- ✓ Learn how to nurture yourself to regain your sense of balance: expand your horizons, take a workshop, learn a language, take on a do-it-yourself project; engage in recreational activities like listening to music, reading, spending time in nature
- ✓ Keep a journal, writing your feelings and your efforts to deal with them
- ✓ Join clubs, professional bodies, or faith groups

Specific suggestions for before, during and after the review, include:

✓ Immediately prior to a review:

- Develop a pre-review routine, such as exercise or positive affirmation.
- Say to yourself, “I have empathy and compassion for the pain of others but today I am going to just understand and not feel the pain.”

✓ During the review:

- Use strategies to disrupt visual experiences such as photos. For example, research has demonstrated that partially covering your eyes or even one eye when viewing something stressful can reduce the impact of visual stimuli.

✓ After the review:

- Do something after viewing or reading traumatizing information that can disrupt memory formation. For example, playing video games (i.e., Tetris) soon after viewing traumatic material has been shown in one study to reduce the number of flashbacks to material.¹
- Plan “off task” time following the meeting. Return to the office to work on something that brings a sense of fulfillment and happiness.

¹ University of Oxford (2009). Computer game ‘Tetris’ may help reduce flashbacks to traumatic events. Science Daily. Retrieved from www.sciencedaily.com/releases/2009/01/090108151700.htm

PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

COMPASSION SATISFACTION AND COMPASSION FATIGUE (PROQOL) VERSION 5 (2009)

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

1=Never

2=Rarely

3=Sometimes

4=Often

5=Very Often

- _____ 1. I am happy.
- _____ 2. I am preoccupied with more than one person I [help].
- _____ 3. I get satisfaction from being able to [help] people.
- _____ 4. I feel connected to others.
- _____ 5. I jump or am startled by unexpected sounds.
- _____ 6. I feel invigorated after working with those I [help].
- _____ 7. I find it difficult to separate my personal life from my life as a [helper].
- _____ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].
- _____ 9. I think that I might have been affected by the traumatic stress of those I [help].
- _____ 10. I feel trapped by my job as a [helper].
- _____ 11. Because of my [helping], I have felt "on edge" about various things.
- _____ 12. I like my work as a [helper].
- _____ 13. I feel depressed because of the traumatic experiences of the people I [help].
- _____ 14. I feel as though I am experiencing the trauma of someone I have [helped].
- _____ 15. I have beliefs that sustain me.
- _____ 16. I am pleased with how I am able to keep up with [helping] techniques and protocols.
- _____ 17. I am the person I always wanted to be.
- _____ 18. My work makes me feel satisfied.
- _____ 19. I feel worn out because of my work as a [helper].
- _____ 20. I have happy thoughts and feelings about those I [help] and how I could help them.
- _____ 21. I feel overwhelmed because my case [work] load seems endless.
- _____ 22. I believe I can make a difference through my work.
- _____ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].
- _____ 24. I am proud of what I can do to [help].
- _____ 25. As a result of my [helping], I have intrusive, frightening thoughts.
- _____ 26. I feel "bogged down" by the system.
- _____ 27. I have thoughts that I am a "success" as a [helper].
- _____ 28. I can't recall important parts of my work with trauma victims.
- _____ 29. I am a very caring person.
- _____ 30. I am happy that I chose to do this work.

YOUR SCORES ON THE PROQOL: PROFESSIONAL QUALITY OF LIFE SCREENING

Based on your responses, place your personal scores below. If you have any concerns, you should discuss them with a physical or mental health care professional.

Compassion Satisfaction _____

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

The average score is 50 (SD 10; alpha scale reliability .88). About 25% of people score higher than 57 and about 25% of people score below 43. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 40, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job.

Burnout _____

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of Compassion Fatigue (CF). It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

The average score on the burnout scale is 50 (SD 10; alpha scale reliability .75). About 25% of people score above 57 and about 25% of people score below 43. If your score is below 43, this probably reflects positive feelings about your ability to be effective in your work. If you score above 57 you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a “bad day” or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern.

Secondary Traumatic Stress _____

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other's trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is primary. However, if you are exposed to others' traumatic events as a result of your work, for example, as a therapist or an emergency worker, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

The average score on this scale is 50 (SD 10; alpha scale reliability .81). About 25% of people score below 43 and about 25% of people score above 57. If your score is above 57, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional.

WHAT IS MY SCORE AND WHAT DOES IT MEAN?

In this section, you will score your test so you understand the interpretation for you. To find your score on **each section**, total the questions listed on the left and then find your score in the table on the right of the section.

Compassion Satisfaction Scale

Copy your rating on each of these questions on to this table and add them up. When you have added them up you can find your score on the table to the right.

3. _____
 6. _____
 12. _____
 16. _____
 18. _____
 20. _____
 22. _____
 24. _____
 27. _____
 30. _____

Total: _____

The sum of my Compassion Satisfaction questions is	So My Score Equals	And my Compassion Satisfaction level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

Burnout Scale

On the burnout scale you will need to take an extra step. Starred items are "reverse scored." If you scored the item 1, write a 5 beside it. The reason we ask you to reverse the scores is because scientifically the measure works better when these questions are asked in a positive way though they can tell us more about their negative form. For example, question 1. "I am happy" tells us more about

- *1. _____ = _____
 *4. _____ = _____
 8. _____
 10. _____
 *15. _____ = _____
 *17. _____ = _____
 19. _____
 21. _____
 26. _____
 *29. _____ = _____

Total: _____

The sum of my Burnout Questions is	So my score equals	And my Burnout level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

You Wrote	Change to
	5
2	4
3	3
4	2
5	1

the effects of helping when you are *not* happy so you reverse the score

Secondary Traumatic Stress Scale

Just like you did on Compassion Satisfaction, copy your rating on each of these questions on to this table and add them up. When you have added them up you can find your score on the table to the right.

2. _____
 5. _____
 7. _____
 9. _____
 11. _____
 13. _____
 14. _____
 23. _____
 25. _____
 28. _____

Total: _____

The sum of my Secondary Trauma questions is	So My Score Equals	And my Secondary Traumatic Stress level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

