Caring for Shoah Survivors: Lessons Learned Supporting Holocaust Survivors During COVID

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Holocaust Community Services (HCS)

➢ Founded in 1999 as an inter-agency program of the Jewish United Fund (JUF) of Metropolitan Chicago
  - JUF oversees grant administration and fundraising

➢ Administered by CJE SeniorLife

➢ HCS provides services for Holocaust survivors including:
  - Financial Assistance for home care, medication, food, emergencies
  - Case management & counseling
  - Socialization & events
  - Support groups & wellness classes
  - Reparations assistance
  - Education & advocacy
**HCS Demographics (2019 Data)**

**Snapshot: Jan-Sept 2020**

Current: 1,818  
Attrition: 98 (70 died)  
New: 231 (153 since April)  

Known COVID-19 cases:  
13 diagnosed (4 died)

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**In 2019...**

**HCS SERVED**  
2,300 survivors  
who received financial aid, reparations assistance, socialization and educational events, support groups, counseling, wellness classes, and resource help  
**INCLUDING**  
1,865 clients  
who received financial assistance to pay for food, medicine, personal care, or one-time emergency needs,  
364 of whom were new clients

18%  
of HCS clients are age 90 and older  
Clients ranged in age from 74 to 104 years old

More than 90%  
of survivors served by HCS with financial and/or psychosocial support are from Nazi-occupied territory in the former Soviet Union.
5 PRINCIPLES OF PCTI

You can create a trauma-informed environment using these five principles:

- **Safety**
  Creating areas that are calm and comfortable

- **Choice**
  Providing an individual options in their treatment or service.

- **Empowerment**
  Noticing capabilities in an individual

- **Cooperation**
  Making decisions together.

- **Trustworthiness**
  Providing clear and consistent information.
### Survivor Trauma Triggers: COVID-19 & Political, Economic, Environmental Turmoil

<table>
<thead>
<tr>
<th>Lack of resources or safety</th>
<th>Food access</th>
</tr>
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<tbody>
<tr>
<td>[shortages, access, unemployment of families, natural disasters]</td>
<td>[limits and lines, no communal meals, no tech for online purchasing]</td>
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<thead>
<tr>
<th>Illness</th>
<th>Confinement or crowds</th>
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<tr>
<td>[underlying conditions, infection, death]</td>
<td>[shelter in place orders, protests]</td>
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<thead>
<tr>
<th>Triggering words/tones of voice</th>
<th>Transitions, goodbyes</th>
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<tbody>
<tr>
<td>[media, political rhetoric, protests]</td>
<td>[lockdown, quarantine, WFH]</td>
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<tr>
<th>Medical visits or procedures</th>
<th>Lack of control/autonomy</th>
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<tbody>
<tr>
<td>[lack of access, strict protocols]</td>
<td>[the unknown, mandates – gov/fam/us]</td>
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<thead>
<tr>
<th>Uniforms</th>
<th>Lining up for services/“registering”</th>
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<tbody>
<tr>
<td>[PPE, police &amp; military images]</td>
<td>[stores, voter lines, census]</td>
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<tr>
<th>Strangers/trust</th>
<th>Loud or sudden noises</th>
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<tr>
<td>[masks, can’t see expressions, fear of exposure; even from helpers]</td>
<td>[looting, damage to buildings, storms]</td>
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<tr>
<th>Harsh or unpleasant smells</th>
<th>Holidays, birthdays, anniversaries</th>
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<td>[sanitizer, fires]</td>
<td>[all still happen, but now isolated]</td>
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</table>
Significant **changes** may suggest traumatic memories have been **reactivated**. **Manifestations during pandemic:**

<table>
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<tr>
<th>Indicators of Re-traumatization</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less able to trust and cooperate</td>
<td>Fear of exposure from helpers OR pushback</td>
</tr>
<tr>
<td>Mood changes; sudden or fluctuating</td>
<td>Pandemic “arc” of affect</td>
</tr>
<tr>
<td>New/increased physical complaints</td>
<td>Is it COVID, existing condition, or somaticizing</td>
</tr>
<tr>
<td>Hyper-arousal and vigilance</td>
<td>Not “turning off” TV, media</td>
</tr>
<tr>
<td>Sleep difficulties</td>
<td>Insomnia, nightmares, sleep as avoidance</td>
</tr>
<tr>
<td>Memory disturbances</td>
<td>Flashbacks, stress-related cognitive decline</td>
</tr>
<tr>
<td>Hoarding as if preparing for emergency</td>
<td>Worry about food, meds, cleaning supplies</td>
</tr>
<tr>
<td>Increased difficulty communicating</td>
<td>Worse with phone/zoom, distance, masks</td>
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COVID-19: HCS Service Transition

➢ In-person client contact ceased
  ▪ Wellbeing Checks by phone (triage)
  ▪ Shifted assessments, case management & counseling to calls or zoom
  ▪ Support groups moved to conference calls and Zoom
  ▪ Planning of virtual events & classes

➢ Staff began WFH
  ▪ Transition from “in-person and on paper” to “remote and electronic”
  ▪ Flexibility from Claims Conference on documentation

➢ To date, still primarily WFH/remote contact, with some exceptions when risk outweighs benefit & safety protocols possible
COVID-19: Emergency Initiatives

- Increased food and medication assistance
- Care Packages
- Uniper
- Addressing the waitlist
- Partnerships & community resources
- New outreach systems (“Call-Em-All”)
- Consultation & Advocacy
  - Nursing homes, residential, 2Gs
- Volunteers
Hello!

I wanted to personally send a note and say that I am thinking of you and others during these strange times that many people are facing. Though we don’t know how things will end, we must remain positive. I have 12 girls who are young adults, and this is what I really feel for. I want them to have a young adult life that is not filled with worry and anxiety. I am sure you can imagine and while I am not being insensitive to historical events, I am only focused on the present. I hope you can think of times of joy and celebration and that you will feel happy and excited. I know I do. Please stay healthy and safe.

Sincerely,

[Signature]

Hello! I hope you enjoyed your Pesach/Passover - Chag Sameach - and are enjoying springtime. I want you to know that I am thinking of you and wishing you health and happiness during these difficult times. I am sending good thoughts to you and your family.

Wishing you all the best,

Annie & the rest of the Northwestern Community ♥
COVID-19: Challenges for Survivors

- **Technology challenges**
  - Unfamiliar or no access
  - Hearing and visually impaired

- **Functional and physical challenges**
  - Self-care (ADLs & IADLs)
  - Lack of physical activity
  - Existing conditions – exacerbated & undertreated

- **Prolonged social isolation**
  - Increase in depression, anxiety, PTSD symptoms
  - Cognitive declines; lack of interaction & activities
  - Family relationships strained

- **Economic**
  - Support systems stretched
  - Sustainability of emergency funds and benefits

- **Stigma, shame, confusion**
  - Under-reporting
COVID-19: Challenges for Staff

➢ Technology challenges
  ▪ Shifting to new workflows
  ▪ Stretched support resources and infrastructure

➢ Client-related challenges
  ▪ Working with new clients
  ▪ Assessing physical functioning and affect
  ▪ Responding to wishes for in-person contact

➢ Personal challenges
  ▪ Work-life balance
  ▪ Changes to caregiving or childcare routines
  ▪ Personal health and safety, underlying conditions
  ▪ Economic changes in family
COVID-19: Lessons Learned for Survivors

➢ Basic safety needs always come first: Maslow wins again!
  ▪ Food, medication assistance, PPE
  ▪ Check caregiver attendance

➢ Survivors need clear information & transparency
  ▪ Bilingual Covid info / Zoom instructions
  ▪ Message what we can or can’t do

➢ More frequent, shorter, and creative touchpoints
  ▪ Choice and predictability
  ▪ Creative outreach & “transitional objects”

➢ Don’t forget about the village
  ▪ Family, friends, neighbors can help AND need support
  ▪ 2Gs may be dealing with secondary trauma
More now than ever .... listen and learn

- Renewed urgency and opportunity to tell their stories
- Photos and objects help when words can’t
- Appreciate need for silences
- Recognize that there may be no “fix”
- Be aware of changed boundaries & use of self
- Be careful with politics & humor
- Learn and acknowledge who the survivor was before
- Bolster their resilience and coping
COVID-19: Lessons Learned for Staff

➢ Self Care is essential!
➢ WFH support & tools
➢ Mental health time
➢ Showing appreciation
➢ Staff retreat
➢ Weekly movement class
➢ We are not alone – YOU are all here!
COVID-19: Silver Linings Programmatic

➢ Additional resources from Claims Conference and funders
➢ Shrinking our waitlist to address unmet needs
➢ Transitioning our files to electronic platforms
➢ Saving time otherwise spent commuting
➢ Flexibility with WFH
➢ New tech skills, interventions, clinical approaches
➢ Improving virtual infrastructure for future
➢ Learning to listen more actively
➢ For some, easier to ask or answer difficult questions when not face-to-face
➢ Openness to other intervention approaches
  ▪ Activity-based or cognitive behavioral tools
  ▪ Survivors helping others: buddy matches

➢ **Resilience is alive and kicking!**
  ▪ Survivors are eager to learn new skills, advocate for themselves & reassure *us*!
  ▪ Believe in post-traumatic growth – survive & thrive
A survivor who was in hiding wrote: “Anne Frank survived being in hiding in a small room, with 7 people, for 721 days, while being absolutely silent – so we can handle this and should be grateful for all that we do have!”

A survivor told us that he and his wife were lamenting not being able to go out and had the idea to walk by the open window to get a little fresh air. Though they have only 4-5 steps worth of space by the window, he said he “I will take my wife for a walk...and that could lead to a dance!”

Another survivor who had lived much of her life hiding her Jewish identity, joined a Uniper support group, and said “this is the first time in my life I shared this with others.” She tearfully recounted that one of the survivors in the group said, “welcome back” which “felt like a warm embrace”
Discussion & Questions

➢ Your experiences:
  ▪ Challenges, lessons learned, silver linings?

➢ What is next?
  ▪ Ideas & directions
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The Holocaust Survivors’ Centre

• Finding their voice.
• Controlling the narrative?
• Learning Harmonies’
• קול
Finding their voice

• Why?
  • Judith Hassan
• Survivors versus Refugees
  • The HSC and Shalvata
  • Mutual learning
Controlling the narrative

- Opening the Doors
- Educational partners
  - Yom HaShoah
Learning Harmonies’

- Centre and Independent Living
- Changing needs of the Survivors and Adapting our service
  - The Survivor Community
- Do we end where we started?
• Closure of the Centre
• Virtual Programme
• Technology
• End of Life
• Legacy
DAD, I'M NOT FEELING VERY WELL TODAY...

MOSHE TELLER
THE INHERITED LEGACY

- WHAT ARE WE INHERITING?
- THE ‘SUITCASE’ STORY
- ‘I AM A DESCendant OF THE PERSECUTED...’
- INHERITED TRAUMA
RELATIONSHIP

HIERARCHY OF SUFFERING;

‘have I got the right to suffer’?

GUilt

FEAR

STRESS; am I allowed to be stressed?

ANGER

LOSS

ANXIETY

SADNESS

CARING FOR MY ELDERLY PARENTS;

‘you should be grateful...’
CASE STUDIES

✓ Subgroups discussion of inherited trauma:
✓ My mother came in the Kindertransport... my greatest fear is to be rejected.
✓ In a national questionnaire in the ‘RELIGION’ section my husband declare them as Jewish, how could he?!.
CONCLUSION

- What have we learnt?
- Participants concluding notes.
- Concluding notes.
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