

Holocaust Community Services

Caring for Shoah Survivors: Lessons Learned Supporting Holocaust Survivors During COVID Yonit Hoffman, PhD

Director, Holocaust Community Services September 30, 2020









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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



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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)

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

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Person-Centered Trauma-Informed

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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.

V

Empowerment

Noticing capabilities in an individual



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Survivor Trauma Triggers:

COVID-19 & Political, Economic, Environmental Turmoil

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



Significant changes may suggest traumatic memories have been <u>reactivated</u>. Manifestations during pandemic:

Less able to trust and cooperate	Fear of exposure from helpers OR pushback
Mood changes; sudden or fluctuating	Pandemic "arc" of affect
New/increased physical complaints	Is it COVID, existing condition, or somaticizing
Hyper-arousal and vigilance	Not "turning off" TV, media
Sleep difficulties	Insomnia, nightmares, sleep as avoidance
Memory disturbances	Flashbacks, stress-related cognitive decline
Hoarding as if preparing for emergency	Worry about food, meds, cleaning supplies
Increased difficulty communicating	Worse with phone/zoom, distance, masks



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

	APLIEF
KEEP INEC	ORMATION UP TO DATE !!
Review At	Least Every Six Months !
MEDICAL DATA	REVIEWED AS OF MOYR.
Name:	Sex: M.F.
Address:	
Doctor:	Phone #:
Doctor:	Phone #:
EME	RGENCY CONTACTS
Name:	Phone #:
CONTRACTOR AND A DESCRIPTION OF A DESCRI	
Address:	
Address: Name:	Phone #:





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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 during these strange times that many people are fainy. Though we don't know know what to fainy. Though we don't know know what to fainy. Though we don't know know what to fainy. Though we don't know and this is who I really expect, we must remain positive. I have 3 expect, we must remain positive a young adult the girls who are young adults- and this is who I life that is not filled with virry and downed. I am that is not filled with virry and downed, if am sum you can program out to the only to want to insunsitive to hope you can thirt of love, or peut is the precent. I hope you will male you suthy is safe. something happy that will male you suthy is safe.

Volunteer Assistance

Hello!

I hope you enjoyed your Pesach) Pass over - 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 vv



Virtual Café Europa





COVID-19: Challenges for Survivors

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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

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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

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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



COVID-19:

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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

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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





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COVID-19: Silver Linings Survivors

- 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





COVID-19: Resilience Vignettes

- 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

קול

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



ANGER

SADNESS

CARING FOR MY ELDERY 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.
- \bullet Concluding notes.

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