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Services

# Session I:

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## Introduction to Serving the Holocaust Survivor

Disclaimer – The information on this web page and the training sessions may be uncomfortable and may contain triggers for those who have experienced trauma.

# Introduction



The Aging Services Network hopes to build stronger connections to organizations and stakeholders in the provision of care to Holocaust survivors, thus enhancing service quality and capacity.

The State Unit on Aging is required to provide guidance regarding outreach and service provision to Survivors of the Holocaust (2016 reauthorization of the Older Americans Act of 1965).

The Administration for Community Living issued *Guidance for Outreach and Providing Services for Holocaust Survivors* to improve the understanding of the Holocaust Survivor's needs and to better provide assistance through a Person-Centered, Trauma-Informed approach.

Texas Health and Human Services has also developed materials and training tools.

# Training Objectives



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1. Identify the Holocaust survivor population: where and how best to reach out to this population.
2. Identify barriers to arranging and providing services to this population.
3. Provide an introduction of the person-centered, trauma-informed approach.



# Definitions



- **Holocaust Survivor:** Inclusive of all who experienced Nazi persecution (including those who fled the persecution, captured military personnel, and other nationalities, faiths and groups that were part of the Nazi persecution)<sup>1</sup>
- **Post-traumatic stress disorder:** A mental disorder that can occur when a person has seen or lived through trauma, sometimes manifesting as a freeze response (an addition to the fight-or-flight response to danger)<sup>2</sup>
- **Trigger:** Stimuli (sights, smells, sounds, events or words) that create a reminder of past traumatizing events and create feelings of unease and fear<sup>3</sup>

<sup>1</sup>Administration for Community Living and Administration on Aging

<sup>2</sup>SAMHSA

<sup>3</sup>Administration for Community Living

# Definitions



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- **Trauma:** A physically or emotionally harmful or life-threatening experience (from an event, series of events or set of circumstances) with lasting adverse effects on functioning and mental, physical, social, emotional or spiritual well-being<sup>4</sup>

# Review Question 1

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**The objectives of this training is to:**

- A. Learn about the experiences and needs survivors may have
- B. Share potential trauma triggers survivors might experience
- C. Provide person-centered and trauma-informed care tools and resources
- D. All of the above



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# Review Question 1

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**Answer:** D. All of the above



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# History: Holocaust and Nazi Persecution



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Between 1933 and 1945, the Nazi regime and its collaborators ran a state-sponsored persecution and genocide of the Jewish people and other groups called the Holocaust.<sup>5</sup>

The regime

- Took homes, property and businesses away.
- Destroyed places of worship, denying the Jewish community their livelihood, independence and security.
- Beat, humiliated and experimented on people.
- Sent people to concentration camps, separating children and parents and subjecting them to torture, starvation, and exposure to the elements and chemicals.



# History: Holocaust and Nazi Persecution



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## The regime

- Sealed people into ghettos where poverty, starvation and lack of sanitary systems claimed many lives.
- Shot people who were aging, had a disability or had an illness.
- Systematically killed an estimated 6 million Jewish people — two-thirds of the Jewish population living in Europe before World War II.

# History: Holocaust and Nazi Persecution



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There were approximately five million non-Jewish people who suffered under the Nazi regime:

- Jehovah's Witnesses
- Slavic people
- Gay men
- People with disabilities
- Roma and Sinti ("Gypsies")
- Communists
- Socialists
- Military

# Understanding Survivors



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## Demographics

- There are an estimated 100,000 to 130,000 survivors in the United States.
- Most survivors very old (80+, with the youngest being around 71) and extremely frail with significant supportive needs.

**Geographic location** impacts outreach and service provision

- Survivors are located throughout Texas with the majority in Houston, San Antonio and Dallas.

# Understanding Survivors



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## **Income level**

- Poverty is a concern for many survivors; an estimated 25% of the survivors live at or below poverty level.
- Many survivors struggle to meet basic needs such as housing, food and health care.
- Some survivors rely on Supplemental Security Income, home-delivered meals and other support services for basic needs.

# Barriers to Arranging and Providing Services



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- Survivors endured events and experiences that can impact their need for and access to long-term services and supports. Service provider networks for older adults should use service and support methods sensitive to and mindful of the survivor's traumatic experiences.
- Understanding situations that can trigger and induce trauma can help ensure respectful methods of service delivery are used.

# Barriers to Arranging and Providing Services



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Survivors may:

- Have a higher incidence of post-traumatic stress disorders and exhibit trauma-induced behaviors (e.g., anxiety, sleep disorders, obsession with death, excessive guilt, increased risk of suicide, higher risk of dementia).
- Be wary of strangers and authority figures and may not disclose that they are a survivor.
- Take longer to trust and discuss issues with medical professionals and other service providers.
- Exhibit self-neglect behaviors (e.g., hoarding, social isolation).
- Not share the full extent of their experiences with family members and caregivers.

# Barriers to Arranging and Providing Services



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The experiences of survivors can have a lasting effect on their long-term service and supports and influence how the support needs to be designed and delivered.

Common triggers for Holocaust survivors include:

- Lack of privacy.
- Small spaces or crowded conditions.
- Routines and schedules.
- Harsh, strong or unpleasant smells.
- Taking a shower or bath.
- Flashlights or bright lights.

# Barriers to Arranging and Providing Services



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Common triggers for Holocaust survivors include:

- Saying goodbye or staff changes.
- Loud voices or foreign languages.
- Dogs and other animals.
- Jewish holidays or religious symbols.
- Specific clothing items.
- Registering or signing up for services.



# Aging in Place



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Services for survivors should prioritize the ability to live in one's own home and community safely, independently and comfortably, regardless of age, income or ability level.

- Health outcomes of older adults who age in place are generally better than those who are in institutional care.
- For survivors, leaving their homes for a nursing home or a care community with uniformed staff, regimented schedules, loud sounds, lack of privacy, etc., triggers memories associated with the Holocaust.
- The objective is to help survivors stay safe in their homes and their communities as long as possible.

# Review Question 2

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## **True or False:**

A Holocaust survivor is only of the Jewish faith.



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# Review Question 2

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Answer: False.

People of many faiths, cultures and political beliefs and from many countries were persecuted by the Nazi regime.



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# Providing Services



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Because most survivors have had prolonged exposure to traumatic events as children or young adults, trauma can affect service needs and how services are provided.

- Survivors are more likely to be affected by changes related to the normal aging process.
- Survivors may no longer be about to coping with life changes such as loss of family members and friends.
- Illness, frailty, and isolation can interrupt daily activities, making memories and losses more dominant.
- Since illness or weakness could lead to execution during the Holocaust, survivors often hide any signs of health issues.

# Providing Behavioral Health Services



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## **Survivors tend to:**

- Be less satisfied with their lives.
- Feel depressed.
- Have a sense of emptiness.
- Have a higher incidence of post-traumatic stress disorder (PTSD).
- Feel anxious and have sleep disorders.
- Resist seeking assistance.
- Be at risk for dementia at a greater rate than the general population.

# Providing Behavioral Health Services



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## Recommendations:

- Survivors may prefer individual therapy in their own home.
- Behavioral Health providers should receive person-centered, trauma-informed training (PCTI).
- Sufficient time should be provided for the survivor to develop trust and openness with the behavioral health provider.

# Chronic Health Issues



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Prolonged periods of deprivation, starvation, confinement and abuse, placed a burden on the survivors physical health leading to chronic health issues including:

- Heart conditions
- Foot problems
- Osteoporosis
- Insomnia
- Headaches
- Gastrointestinal issues
- Hearing loss
- Dental problems

Survivors were often part of medical experiments and therefore have a general distrust of medical professionals.

# Chronic Health Issues



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## Recommendations:

- Take your time, it may take longer to earn the survivor's trust.
- Provide care in the survivors home.
- Preferably, the provider should speak the same language as the survivor or use a certified interpreter (not a family member).
- Take care not to trigger traumatic memories when you talk with the survivor or the person who knows them best to collect needed information.
- Explain all procedures fully and in detail.
- Provide time for questions and concerns to be expressed.
- If possible, avoid inpatient care and hospitalization.



# Providing Nutrition



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## Considerations:

- For those who have faced hunger and starvation, food availability can be a significant stressor.
- Hoarding or hiding food in pockets and purses is not uncommon.
- Survivors may eat old or spoiled food rather than throwing it away.
- Survivors can experience panic with they experience low blood sugar or hunger pains.

# Providing Nutrition



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## Recommendations:

- Standing in line for a meal or at food pantries can be a trigger.
- Never remove a meal before the survivor *expressly* states they were finished. Food should *never* be thrown away in front of a survivor.
- Survivors may feel uncomfortable with new staff members knowing they are in need of food.
- Food should never be left outside of the door or where others might see it.
- Keep a consistent schedule, and call if the food delivery is going to be late.

# Providing Transportation



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## **Considerations:**

- Different transportation can trigger a trauma, bringing back memories of being transported to ghettos and concentration camps.
- Being late or standing in line can be possible trauma triggers.

## **Recommendations:**

- Service providers should provide trauma-informed care information for drivers of large buses and vans on:
  - How to respond when a survivor talks about the Holocaust.
  - Verbal and physical triggers they should avoid, such as asking people to "line up."
- Survivors may prefer private car service or traveling in smaller groups.
- If possible, have the service provider speak the same language and communicate with the survivor throughout the trip.

# Providing Caregiving



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Caregiving includes both family members (unpaid) and service providers (paid). Being resilient and strong were a necessity to survive persecution, meaning many survivors are highly independent.

## **Considerations:**

- Survivors may be demoralized by the need for a caregiver.
- Family caregivers may not know of the survivor's experience.
- Survivors are distrustful of new caregivers, particular if they do not speak the same language.
- Having multiple or inconsistent caregivers can trigger loss or abandonment trauma. Person-centered thinking training can help you match the caregiver to the survivor to prevent turnover.

# Providing Caregiving



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## Recommendations:

- Carefully screen and select caregivers.
- Caregivers need basic information about the Holocaust and the survivor.
- Caregivers should establish the survivor's preferences, particularly if any assistance requires physical contact.
- Caregivers should be on time and consistent; they should contact the survivor if they will be late or miss a scheduled appointment.
- Family caregivers are more likely in need of caregiver support services.
- Caregiver should seek respite services and help from the local area agency on aging.

# Providing Housing



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## Considerations:

- It is estimated that approximately 25% of Survivors live at or below poverty level. Provide comprehensive services that include legal, social and mental health professions to assist survivors to remain safely in their home.
- Many survivors rely on housing assistance through programs such as Section 8.
- Survivors are known to have self-neglecting behavior such as hoarding food. Landlords may evict survivors due to health hazards and other behaviors.
- Evictions can result in displacement from the community, health services, support groups and places of worship.

# Providing Housing



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## Recommendations:

- Legal assistance can ensure the survivor ages in place. Legal intervention can protect the survivor and the home with reasonable requests and eviction defense.
- Ensuring comprehensive service provision (e.g., legal assistance and social and mental health services) may help the survivor to age in place and avoid living in a facility.

# Providing Outreach



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## Considerations:

- Survivors can be suspicious of strangers and authority figures so the survivors may not disclose their status.
- Strategic and creative outreach are needed to educate the survivor and their family members about the range of services available.

## Recommendations:

- Aging network organizations should establish collaborative working relationships with local Jewish organizations.
- Together, the organizations should create referral mechanisms and joint development of promotional materials and events.



# Providing Supportive Services



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## Considerations:

- Case management can help balance the multiple needs of survivors and coordinating care.
- Answering direct questions and completing intake and application forms may trigger trauma or fear of “not having one’s papers in order.” Service providers may be able to learn about the survivor by other means.

# Review Question 3

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Mary, a care coordinator at the local area agency on aging, is assisting a senior Texan in need of home-delivered meals.

While completing the Client Intake form, Mary suspects the senior is a Holocaust survivor. What information on the Client Intake form caused Mary to suspect she was assisting a Holocaust survivor?

- A. Country of the client's birth
- B. Client immigrated to the U.S.
- C. Alive during WWII but the client voids the subject
- D. All of the above.



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# Review Question 3

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**Answer:** D. All of the above.



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# Review Question 4

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Waterloo Senior Center serves congregate meals from 10:30 a.m. to 1:00 p.m. What does the center do to decrease the possibility of triggering a traumatic response?

- A. Ask the seniors to line up to be seated.
- B. Ask the senior if they have completed the meal before removing the plate.
- C. For quick clean up, uses a cart with a trash can on it to clear uneaten food.
- D. All of the above.



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# Review Question 4

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## Answer: B.

Ask the senior if they have completed the meal before removing the plate.

Staff working at a meal site should never clear a survivor's meal before they expressly state they are finished. Staff should not throw away food in front of a survivor.

Procuring food can serve as a trigger, reminding the survivor of the deprivation of food in ghettos and concentration camps or hiding in the wilderness. Standing in line for food can be seen as a display of weakness.



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# Universal items to keep in mind when designing services and supports to meet Survivors' needs



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- Communicate in the survivor's native language, with an interpreter if necessary.
- Learn the survivor's needs, preferences and comfort level.
- Obtain a history that covers the time before, during and after the war.
- Fully explain all medical options and procedures and allow plenty of time for questions.
- Avoid admitting survivors to the hospital as much as possible.
- Enlist specially trained social workers, licensed mental health professions or care coordinators to assist the survivor by patiently and completely explaining and answering questions.
- Screen in-home caregivers to gain insight or information about the survivor.

# Person-Centered, Trauma-Informed Approach



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“A program, organization or system that is trauma-informed realizes the widespread impact of trauma...recognizes the signs and symptoms of trauma in clients, families, [and others]...and responds by fully integrating knowledge about trauma into policies, procedures and practices, and seeks to actively resist re-traumatization.” - Substance Abuse and Mental Health Service Administration

The PCTI approach:

- Reduces risk of trauma triggers.
- Accounts for the survivor’s experiences, needs, strengths, preferences and outcomes.
- Provides supportive services to survivors.
- Acknowledges the traumatic effect that triggers have when providing services.

# Long-Term Care Ombudsman Services



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- Long-term care facilities can present survivors with many of the triggers discussed above resulting in trauma-induced behaviors, such as mistrust, isolation, self-neglect, etc.
- The LTC ombudsman at each facility address complaints with the goal of resolving them to the resident's satisfaction.
- LTC ombudsman programs provide person-centered support to the resident — with as much control as possible over information — plan to resolve the complaint and determine when the complaint is resolved.



# Elder Rights and Legal Services



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All legal activities and actions must be fully explained and ample time provided for questions. Advocates should be knowledgeable about reparations and the Victims of Nazi Persecution Act of 1994.

# Review Question 5

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True or False:  
Survivors openly discuss their illnesses.



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# Review Question 5

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**Answer: False.**

Survivors tend to hide signs of illness or weakness. During the Holocaust, anyone showing signs of weakness or illness were often executed. Survivors and others affected by the Holocaust, such as veterans, may not openly discuss their weaknesses, illness and experiences.



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# Review Question 6

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How does a person-centered, trauma-informed approach help survivors?

- A. Reduces risk of trauma triggers.
- B. Accounts for the survivor's experiences, needs, strengths and preferences.
- C. Provides supportive services to survivors.
- D. All of the above.



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# Review Question 6

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**Answer:** D. All of the above.



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# Conclusion



Thank you for taking the Session I: Introduction to Serving the Holocaust Survivor course.

For information about available services, call 800-252-9240. This number directs you to the area agency on aging for your area code.

For questions and comments, please email

[Holocaust-Survivor@hhsc.state.tx.us](mailto:Holocaust-Survivor@hhsc.state.tx.us).

Check the website for more person-centered, trauma-informed care training for other populations.

[hhs.texas.gov/holocaust-survivors](https://hhs.texas.gov/holocaust-survivors).

For a certificate of completion, go to the next page.

# Certificate of Completion

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## **This Acknowledges That**

has successfully completed  
Session I: Introduction to Serving the Holocaust Survivor

**Date:** (insert date)



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# Resources



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- Administration for Community Living and Administration on Aging
- Administration for Community Living *Guidance for Outreach and Providing Services for Holocaust Survivors*
- Substance Abuse and Mental Health Services Administration





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# Thank you

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**Your contact information here**