Trauma Informed Care Logic Model

**WHAT WE NEED**
- AWARENESS of trauma among service users and staff.
- TIC COMPETENCE among staff and leadership.
- COMMITMENT from leadership and staff to prioritize TIC in budget, mission/vision, and strategic plan.
- INFORMATION to identify strengths and areas of improvement.
- PROCESS & INFRASTRUCTURE to support and sustain TIC efforts.

**WHAT WE DO**
- Reflect TIC principles through:
  - POLICIES
  - PRACTICES, for example:
    - Performance reviews
    - Hiring and onboarding
    - Supervision
  - PHYSICAL ENVIRONMENT
  - PERSONAL INTERACTIONS

**WHAT WILL HAPPEN**
- Service users and staff will:
  - FEEL SAFE
  - FEEL EMPOWERED (with voice and choice)
  - FEEL VALUED & CARED FOR
  - BELIEVE the organization has their best interests in mind
  - TRUST the organization, staff, and leadership

**OUTCOMES (hypothesized)**
- SERVICE USER ENGAGEMENT & SATISFACTION
  - More appt. completion
  - Less no shows
  - Less absences (school)
- STAFF ENGAGEMENT & SATISFACTION
  - Less turnover
  - Less sick days
  - Less burnout & compassion fatigue
- BETTER HEALTH & WELLNESS

**Assumptions**
1. Human service settings are populated with people (service users and staff) with experience of past or present trauma.
2. Services and settings can be re-traumatizing for individuals when they feel unsafe or don’t feel that they have control, power, choice, voice, or value.
3. Trauma informed care takes these challenges into account and creates services and settings that are safe, empowering, trustworthy, collaborative, and responsive to cultural, historical, and gender issues (based on TIC principles).