



Founded in 1981

Board of Directors

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Message from the President and CEO

Aloha Families, Friends, and Staff,

So much of our success and joy come from working with each and every one of you! Not a day goes by without us giving thanks and showing gratitude for the opportunity to serve the children and families of Hawaii. If there is one message we want to share today, that message is to thank you for the privilege of working with you to create a healing and supportive community where individuals receive the love and nurturance they need to be happy and productive citizens.

The name of our organization, The Institute for Family Enrichment, reflects our value and beliefs in the family system. Although we have grown in size over the past several years, we make it a priority to retain those very values that were part of our beginnings. To do this, we first model what we believe. So we keep our own family units strong and healthy in order to support other families in the community. We do this by showing kindness and compassion to each other and our family members. We carry over these behaviors to those we serve. The blessings we share with each other get transmitted to our clients, and those blessings get returned to us in every way.

The past year was very rewarding for us. We focused on developing our relationships with the schools, measuring clinical outcomes of our clients, and conducting research. This annual report for FY 2004-2005 is meant to highlight those events. We hope you enjoy reading this report. We invite you to call us to share your ideas and thoughts. We value your input and use your feedback to improve programs and ourselves.

Mahalo Nui Loa!

Gayle Kutaka, CEO and MJ Amundson, President
(808) 596-8433

Mission

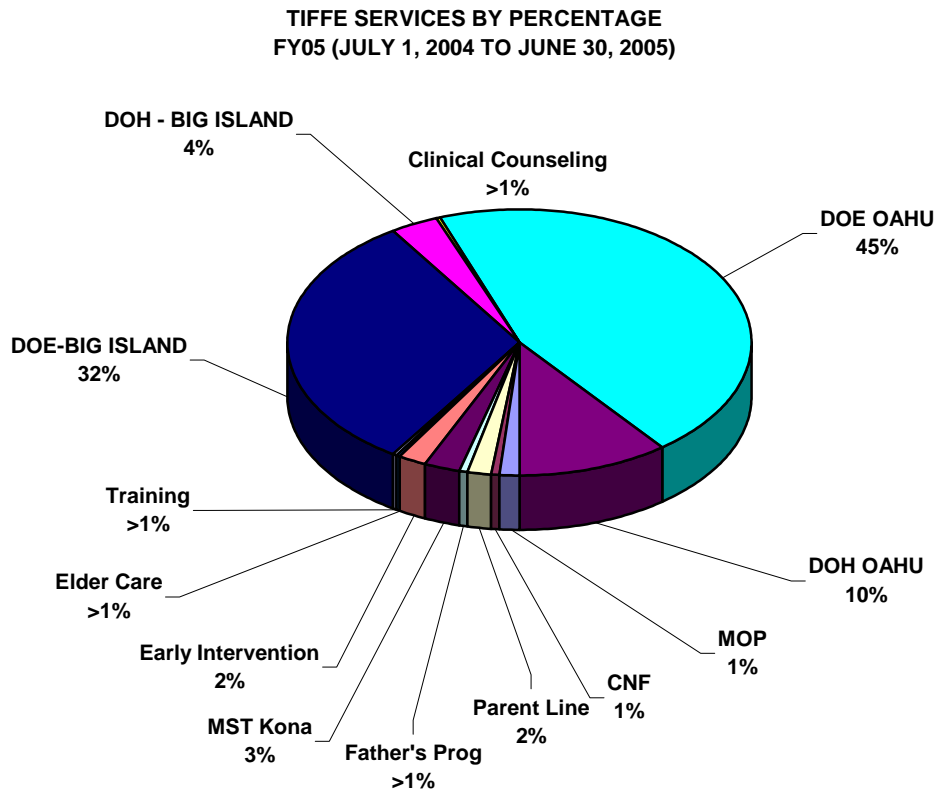
The Institute for Family Enrichment (TIFFE) exists to provide innovative responses to societal problems in Hawaii having impact on children and families. TIFFE’s mission is to provide training, consultation, educational programs, and therapeutic services designed to improve the quality of personal, family, and professional relationships.

Vision

TIFFE is an organizational family where individual growth is encouraged through warmth, nurturance, respect, acceptance, and unconditional love. From within this circle of nurturance, TIFFE reaches out to serve children, families, and the community. We strive to replenish souls in the journey of life as we work to make a difference. Enjoy the ride together!

Core Values, Beliefs, and Principles

We believe that human beings are worthy individuals, capable of choosing their own paths. To support learning and growing, we value individuals, respect their culture, and provide dignity that is their right as human beings. Woven into all aspects of TIFFE is the concept and practice of nurturing principles as the core strength of who we are and what we do.



Developing our relationships with the schools.



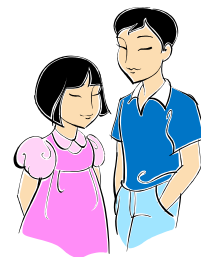
In 2004, TIFFE administered a special survey to SSC's on Oahu and the Big Island. The primary request from SSC's was for closer communication between TIFFE and the schools. As a result, TIFFE reorganized the way services were delivered. TIFFE's Clinical Supervisors are each responsible for a core team of Mental Health Professionals (MHPs) and Paraprofessionals. Clinical Supervisors are also assigned to a geographic district. While the primary responsibility is to supervise the team, the Clinical Supervisors are also responsible to network with the schools and Family Guidance Centers in their district. Therefore, Clinical Supervisors develop closer relationships with the agencies in their district and feel an accountability to make sure issues are addressed quickly. Clinical Supervisors also establish close working relationships with the schools and SSCs in their district. The intent is to create a formal network for ongoing communication and problem solving.

Research

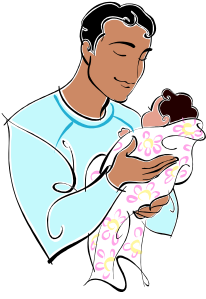
In collaboration with the University of Hawaii and the Dahn Yoga Holistic Health Center, TIFFE completed a study on the cortisol responses of a 12-week Brain Respiration Program in children diagnosed with autism. The purpose of the study was to reduce stress and anxiety through Brain Respiration Exercises (breathing and movement exercises). The research design included comparing cortisol levels in the children prior to, during, and after Brain Respiration exercises as compared to cortisol levels prior to, during, and after aerobic exercises. Although results indicated no statistical significance when looking at overall group participation due to too small of a sample size and too large of a standard deviation, this study shows potential for further studies on the benefits related to stress reduction. In the typical TIFFE style, staff from Finance, Human Resources, Technology, Clinical, and Quality Departments participated as observers or recorders for this study. True to TIFFE's vision, individuals are encouraged to learn and grow as part of their journey with us.

Mobile Outreach Program

TIFFE's Mobile Outreach Program (MOP) had the opportunity to work with a special needs child who was from Easter Seals. The child was tested using our A.S.Q. materials and it was found that he was delayed in his gross motor skills, communication skills and personal-social skills. Throughout the year, the MOP facilitators worked with the child along with the parents. Testing at the end of the year showed a three level increase in development in all areas of delay. What a tremendous reward for TIFFE's staff who are in the community making a difference in the lives of Hawaii's children!



Nurturing Father's Program



In response to TIFFE's mission that states that we provide innovative responses to problems which impact children and families, the Father's Services Program, administered by Tom Naki, partnered with The Institute for Criminal Rehabilitation (ICR), a non-profit corporation dedicated to increasing the health of the community by reducing drug abuse and criminal thinking errors in the offender population. ICR with TIFFE applied to the Office of Hawaiian Affairs for funds to provide a Nurturing Fathers Program, which would include parenting education groups for fathers, community support groups for fathers upon release, and family nurturing groups. The target population to be served would consist primarily of Hawaiian/Part Hawaiian offenders who had been convicted of domestic violence and are returning back to the community. Many of these men lacked the nurturing attitudes, skills, and knowledge necessary to build healthier family units. The program was funded by OHA and the groups are currently being conducted. The men have responded actively to examining their attitudes and beliefs about fathering and their own experiences with their fathers. Additional funding is being sought for next year.

Pre & Post Measured Changes in CAFAS Scores

As a Quality Improvement activity, TIFFE measures pre and post changes in CAFAS scores of children diagnosed with psychiatric disorders. The following table shows remarkable improvements in clients (CAMHD) when using different best practices. Thirty-eight closed cases in Fiscal year 2004-2005 showed an average of 61.35 improvement in CAFAS scores. A summary is presented below:

Diagnosis	#	Numbers of Students	Evidence Based Tx's	pre-CAFAS	Avg Score	post-CAFAS	Avg Score	CAFAS Improvement Avg	
Anxious or Avoidant Behaviors	1	7	Cognitive Behavioral Therapy (CBT)	110	97.14	100	50	47.14 points	Anxious/Avoidant Behavior CAFAS improved by 47 points on average Treatment was CBT + Parent Training
	1		Parent Training	80		10			
	1		CBT	50		10			
	1		CBT	100		20			
	1		CBT/Parent Training	130		100			
	1		CBT	60		40			
	1		CBT	150		70			
Attention and Hyperactivity Behaviors	1	10	CBT	170	90	20	60	30 points	ADHD - CAFAS improved by 30 points on average. Treatment was behavior therapy
	1		Behavior Therapy	10		0			
	1		Behavior Therapy	50		30			
	1		Behavior Therapy	80		90			
	1		Behavior Therapy	80		70			
	1		Behavior Therapy	140		120			
	1		Behavior Therapy	80		90			
	1		Behavior Therapy	130		100			
	1		Behavior Therapy	110		50			
	1		Behavior Therapy	50		30			
Autism Spectrum Disorders									
Bipolar Disorder	1	3	CBT		70	40	23.33	46.67 points	Depressive/Withdrawn Behaviors CAFAS improved by 47 points on average. Treatment - CBT + Problem Solving Therapy
	1		CBT/Problem Solving			20			
	1		CBT/Parent Training	70		10			
Depressive or Withdrawn Behaviors	1	6	CBT/Problem Solving	100	103.33	40	71.67	31.67 points	
	1		CBT/Problem Solving	130		100			
	1		Parent Training	80		10			
	1		CBT/Problem Solving	110		100			
	1		CBT/Behavior Therapy	80		70			
	1		CBT/Parent Training	120		110			
Disruptive and Oppositional Behaviors	1	10	CBT	130	117	100	63	54 points	Disruptive & Oppositional Behaviors CAFAS improved by 54 points on average.
	1		Parent Training	100		120			

	1		CBT + Problem Solving	170		40				Treatment - CBT, Parent Training,
	1		CBT+Problem Solving	70		20				Problem Solving Therapy
	1		Parent Training	120		20				
	1		Parent Child Interaction/Problem Solving	80		80				
	1		CBT	100		80				
	1		CBT + Parent Training	130		70				
	1		CBT + Parent Training	160		50				
	1		Anger/Coping	110		50				
Eating Disorders										
Juvenile Sex Offenders	1	1	Parent/Child Interaction+Med	130	130	10	10	120 points		Juvenile Sex Offenders
										CAFAS improved by 120 points.
										Treatment - parent/child interaction therapy and medication
Delinquency and Willful Misconduct Behavior										
Schizophrenia	1	1	Beh. Therapy+Fam. Management	140	140	40	40	100 points		Schizophrenia
										CAFAS improvement by 100 points
										Beh. Therapy + Family Management
Substance Use										
Totals	38				Average Pre- 106.78		45.43	61.35 points improvement on average		