

Bio for Ann P. Hutton, Ph.D., APRN

I agreed to accept the “Dare to Care” award only after I could convince myself that it provided an opportunity to highlight the public health significance of mental health. To all who suffer from, or have relatives and friends who suffer some form of mental disorders, this is your award. To my students who have given me an opportunity to share my passion for education, I say thank you for sharing in caring for those with mental disorders. To the Alumni Board, Dean Morton, Dinny Trabert and the Advancement staff, to my numerous psych faculty colleagues, past and present, to all to all the dedicated faculty and staff at the College, thank you for your support in making this occasion possible. It is a very humbling experience to be able to shine a little light on the needs of a vulnerable population. For all any of us can do it does “take a village.”

I am starting my bio with a memory. Let me take you back many years to when I was starting my clinical rotation in psychiatry, my last rotation in my undergraduate program at Stanford Hospital, in 1958. A young woman is standing in front of the door to the inpatient psych unit. She is calling to her husband, Bill as if he were behind the door. I am standing next to her with a paper cup in my hand that contains an orange pill with SKF 25 imprinted on it. In a pleading voice she is calling, “Bill,” “Bill” over and over as she paces around the door. I am saying, “Take your pill,” “take your pill,” over and over. Two thoughts come to mind. The first is that 25 mg of Thorazine would not have had much impact on this patient. More important to my point, however, is that I didn’t have a clue what to do. I knew a nurse was supposed to make sure patients took their medications, but that was about it. During that semester, my instructor gave us an article to read titled, “Therapeutic Use of Self.” Now that resonated with me, as I thought the use of myself to help patients brought an intriguing perspective to my mind in contrast to the check list approach for all of the procedures we had to master. The list approach didn't include "use of self." Now these many years later, there is empirical evidence to document the profound benefits of supportive human relationships. I also listened to psychiatrists speaking a type of foreign language during daily rounds. It became intriguing to me to learn more.

After graduation and a sojourn at Mount Zion Hospital in pediatrics, I returned to Salt Lake and discovered the then new VA Hospital that had opened with several buildings dedicated to psychiatric inpatients. After more med-surg nursing, I eventually made my way to work in psychiatry. Standards were changing. Nurses were not just passing medications. I was assigned as head nurse more because I had a BS degree than any talent I manifested. They needed nurses with degrees to supervise student nurses and medical students too. I was transferred to a number of different units. During those years I introduced the concept of the “therapeutic milieu” on my units, giving patients some say in the running of the ward. I persuaded the chief nurse to allow a trial of not wearing uniforms and I was granted the opportunity of learning about Remotivation groups to introduce on my units. All of these changes required my tolerance of some pushback from aides and staff members. One supervisor criticized me for talking to much with my patients, and not keeping all the blinds in the dayroom at an even level.

My last assignment at the VA was as head nurse of a VA wide psychiatric drug study ward. I managed to convince myself that I was doing my best to advocate for my patients in spite of the horrific protocols that were called for by those studies. I pleaded with the ward psychiatrist for one young man not to be placed on a second round of a drug study, but to no avail. That young man went home and shot himself the very day he was to have his first weekend pass in six months! My supervisor invited me to report my concerns to the assistant hospital administrator and chief of psychiatry in confidence. My meeting turned out not to be confidential and I was preemptively reassigned to “staff development.”

My whistleblowing sojourn convinced me to seek a master’s degree at the University of Utah, College of Nursing where my understanding of therapeutic use of self was enhanced and I learned the language of psychoanalytic and interpersonal therapies. I took classes in anthropology as a minor to enhance my understanding of cultural influences on human behavior. At the conclusion of my master’s degree in 1969, I was invited to join the faculty by my mentors, Dr. Sumiko Fujiki, who initiated the graduate program in psychiatric nursing at the College of Nursing, and Dr. Bonnie Clayton. I agreed with the proviso that I wanted to be involved in practice, and I have been ever since. I have to also thank, Dr. John Wolfer, psychologist on the faculty, for being my mentor on my thesis study of the relationship between preoperative apprehension and post-cardiotomy delirium. I later joined him in a funded research project in which I focused on studying stress and coping in patients and spouses following a heart attack.

Along with a wonderful husband and two terrific daughters I managed to acquire a PhD in Health Education in 1994. I started my degree before the College of Nursing granted PhDs

I began my current clinical practice in 1992 taking referrals from our very dedicated nurse midwives who practiced in an off campus clinic. I saw my first patients in an exam room. From there we transferred to a free-standing birthing center where I saw patients in a nicely furnished office. I was able to precept students in that location. My practice migrated back to the College of Nursing where it has expanded to include patients from a variety of referral sources. I am very grateful to Dr. Leissa Roberts, Associate Dean for Faculty Practice and her staff, who have supported my practice for many years.

My collaboration with our midwives via their referrals to my practice has given me conviction in the significance that helping young mother’s and mother’s to be, can make a difference in the lives of the whole family. It is, therefore, standard practice that our midwives screen for depression, anxiety, and other emotional disorders. The consequences for mothers who are anxious and/or depressed is that they are not available to stimulate their children’s developing brains. For babies who don’t see their mothers’ facial expressions change in response to interaction, do not get their mirror genes activated, which is an essential step in attachment, for the development of empathy and later cognition. The emotional burden of a depressed parent resonates throughout the family and diminishes quality of life.

And finally, consider the now known deleterious effect on the fetus of having a mother undergoing stress during pregnancy. That baby is at risk of having a permanently lowered threshold for responding to stress the rest of his or her life.

Among the many things I have done in my journey, I particularly value what I have learned from being a volunteer grief support group facilitator for family members whose loved ones have died by suicide. Dr. Beth Cole, my colleague of many years, and who started Caring Connections: A Hope In Comfort and Grief Program at the College of Nursing, asked me in sometime around 1992, if I could facilitate the survivors of suicide support group as she had no one to cover the group that evening. Thus, began my association with Caring Connections. Dr. Katherine Supiano who is the current Director of Caring Connections, and has developed a number of new programs that include community service, and especially important to our education mission, student participation in both support and research groups. In addition to our DNP students, I have students from social work, genetics, and even a medical student who serve as co-facilitators. Grief is a universal life experience and our students learn to appreciate just how important group support can be during this vulnerable time in life. They write about their grief group experiences which are published and highlighted in the “Caring Connections Periodic Newsletter.” So thank you Dr. Supiano for your research that endeavors to help those with complicated grief and for providing opportunities for students to understand the significance of grief as a major influence in our lives.

Every suicide story I’ve heard is in some way different, but there is also a commonality that leaves families devastated and often doubly traumatized by having witnessed or having seen a family member who has shot him or herself, smothered in a plastic bag, hanged from a garage rafter, or closet, taken poison, or sat in car, sealed the car or garage, and died from carbon monoxide poisoning. Both the emotional and somatic effects of trauma and loss are hard to capture in mere words. We paint virtual pictures in our minds and want quickly to let go of that scene. For those who suffer such a loss, there is only transient relief before the scene intrudes again.

Questions are often raised with no good answers: “didn’t he know how much we loved him,” or “what didn’t we do?” We have learned to talk about “perturbed minds,” but mostly we simply listen to painful stories, share information, and bring some measure of hope and appreciation for the painful journey of grief and learning to live without that person in their lives..

I have learned from both my educational and clinical practice roles that the most important aspect of caring is the ability to witness and validate the experiences of those who come to us in distress. Acceptance, informed empathy, and compassion, provide the human connection that is needed for individuals to develop new neuronal connections that lead to new learning and adaptive coping skills. As a teacher and practitioner, I do not control what someone learns, or what is the best solution for problems, I facilitate an environment for self-discovery.

I have not said much about my role as an educator for some forty plus years now. For me, education and learning are integral to how I define myself and ultimately of who I am. So, let me leave you with the following quotations that exemplify my views on education.

Education is a social process. . .

Education is growth . . .

Education is not preparation for life . . . Education is life itself.”

(Source unknown)

“O soul of the Universe

What is more important than knowledge?

‘Caring and seeing with the heart,’ said the soul.”

