Gretchen: [00:00:00] Hey Michelle, thanks for being on today. I'm so excited that you agreed to join me. Would you just introduce yourself and tell my listeners a little bit about yourself?

Michelle: Sure. My name is Michelle. I've been a pediatric audiologist for over 12 years now. But something special about me is that I grew up hard of hearing myself.

I was fit with hearing aids or diagnosed or identified. When I was about three or four years old. Fit with hearing aids pretty soon after. And I utilize bilateral cochlear implants now. I think that my experience. Growing up with hearing loss and going through all of the different situations scenarios.

Becoming an advocate for myself. Helped me. Be a pediatric audiologist. I feel like teenagers can look at me like, oh, you know what I feel, I want to say, you know what? I hate, you know what I love about if I'm using amplification or ASL. And, but the parents can also look to me and ask different questions. Say if their children aren't able to articulate what's going on with them.

In that time I have [00:01:00] also created an Instagram account called mama hu hears . And I've also created an online program for parents of children who are deaf and hard of hearing. I definitely do not. Tell parents what they need to do. But I offer all of the resources, information, different modes of communication, languages to have access to and healthcare specialists to get in touch with.

And give them all of the ingredients so that they can make the best choices for their hearing journey with their

family.

Gretchen: Oh, I love that. Tell us a little bit more about this program. Do they subscribe? Do they buy it and where can they find it? Could you just tell us all of that?

Michelle: So I have a website www.mamahuhears.com/courses, which is where you can read testimonials and figure out how to purchase it. You can buy the handbook alone, but it really is meant to be purchased with the program, the video program

as a package. So what I actually go through, I have eight modules in the course and I go over. Processing the identification. If the child [00:02:00] has hearing loss, what's going on in audiology appointments, how to prepare for those appointments. What's going on with Your child, when they reach school, age, how to take care of the caretaker.

How to advocate for yourself for the caretaker, how to advocate for your child and teacher, child, how to advocate for themselves. Things that you and your co-parent or partner, husband, spouse, whatever. Kind of the conversations that you should have as a family things that you can get out of the way so that you can create a very firm and solid foundation as a family so that you can go forward together as a team on the journey. And I also interviewed, I actually interviewed my mom as one of my favorite interviews there, as well as other healthcare professionals.

Such as an SLP and AVT, I'm an ENT. I interviewed them. And ask the different questions so that parents know, okay, we're going to the ENT, it's probably going to be a 15 or 20 minutes appointment with them. And you should go, if they have an ear infection or not. Whereas if you go [00:03:00] to a speech language

Evaluation your child needs to be prepared to be interacting for about an hour. Have them well fed, sleeped and ready to go. When you go see either the audiologist, yes. They're going to be having asking the parents some questions, but also they're going to be interactive a little bit, so different types of appointments, how to prepare for them, what to expect.

I also interviewed the hearing mom of two deaf children who utilize cochlear implants. I interviewed a deaf mom. Who is a mother of a deaf and one hearing child and one deaf child. So that's really interesting to see.

And I would love to offer your listeners the. A discount code, which I'll make to be H M T, or hearing mamas tribe 15. And you can use that code when you go to my website to purchase the program. It's a package that I created after about a year on Instagram. I just noticed that

A lot of moms were [00:04:00] reaching out to me asking questions and I just packaged all the information. What I give to parents before, and after the diagnostics of an appointment, what I used to do in the background, what life hack that you know, helped me, what things that I am, my mom discovered. I want to just give all of this information, resources. And different ideas, put it in a package and give it to you as my way of giving your listeners and everybody out there, who's a parent of a DHH child. A warm hug and tell them, you know what, you're really the perfect parent for your child.

You've got this. Here's some extra tools and, go forth, trust your gut. Really trust your mama gut instinct because your child really can achieve and do anything that they set their mind to. And dream.

Gretchen: Oh, my goodness. I love that. Cause a lot of times the moms will say we don't know what we don't know. And so sometimes we don't ask the questions or go to the places because we didn't know we needed to do that because either along the way, someone forgot to tell us or. [00:05:00]

They told us and we didn't process what they were telling us, or it's just something got missed. And so that is so valuable for everybody to understand. The difference between all their appointments, because you're right. If you take your kid to the speech appointment, hungry and cranky, it's not going to go very well.

We're all doing our best and I really love it at the end there. When you said you are the perfect parent for your child, because sometimes I think we do. Have that second thought, can I do this and is it going to be okay? And it is going to be okay. What's the, like the first advice and what's the best advice you have for those newly diagnosed infants or toddlers or any age for their parents.

Michelle: For the parents, honestly. Your child is no different than they are. Yes, then they were yesterday. Then they are today. So except your child exactly the way they are and the way that they're not and know that, okay, you're going to have some challenges in life. Guess what your first challenge is right now. So be okay with worth. So what's going on right now and trust that [00:06:00] this is your journey and.

And you're going to champion. This is going to be okay.

Gretchen: I love that. Would you be willing to share a little bit about your story growing up as a child and maybe some of the things your mom did for you that were so helpful.

Michelle: Yeah. So I didn't get identified until about preschool. My mom said that my preschool teacher.

I said I would go off on my own during story time, just go in the corner either like sing a song to myself, or pick up my own book. And so she said, " it might be a good idea to get your daughter's hearing checked." And my mom was just floored because I was responding and answering her questions and directions in both English and Chinese.

As a three or four year old. She was just like what, Michelle was like this chatterbox, my son, my brother. Didn't talk about much. Did she mean did she mix up the kids somehow? But she was just shocked and she took me in. I was diagnosed with a mild, moderate hearing loss in both ears and she immediately felt like it was her fault.

Maybe she did something in pregnancy [00:07:00] or maybe she did something when I was an infant. What happened? She felt like she was being punished. And the interview that I had with her, she actually felt like she was being punished for going back to work. Now her kids are both in school. She thought his opportunity to go back to work and all of a sudden, okay, Michelle now is, hearing loss or is deaf. Hearing loss or is deaf

She immediately thought that. Okay. Do we just need to learn ASL as a family? Which she would have, however she wanted to explore different options because I had so much spoken language because hearing aids did benefit me because I did have a lot of spoken language development. My family chose to continue with spoken language. I did get into an auditory verbal therapy with Dr. Flexor. Back then, this was 1986, maybe 1987. She didn't know what to do. She didn't have Facebook. She didn't Google. Where's she going to find this community? She had Dr. Flexor. She had our. Church, she had my school principal. And she said that [00:08:00] I don't remember this. I went up to her.

I saw my mom crying. Mama was going on. And she said, I wish that I could take your hearing loss for you. I wish that I could do it right now and resonate with that. You're the parent. Now myself of course, I don't want my children to suffer or have any upsets or anything like that, but would I be doing my best job as a parent?

If I were to take away and whisk away every challenging situation for them before they even thought, no. Because that's where my resiliency came from. That's where my character came from. That's where my motivation came from. That's actually where my triumphs came from because I am like oh I did it. I used to go to Dr Flexors.

I did the hair I didn't do last week's spelling tests without my FM system. She would. She was happy, but then she was like, Michelle, you do need it. Like listening. Really hard, but you're probably tired that day. Weren't you? But I told my mom, maybe this is the [00:09:00] way that God meant for me to be the, maybe this is what was supposed to happen. And I tell parents now, I think that it's so much harder to acquire hearing loss at a later age. Then it is to grow up with one because I didn't know, you know what I was missing that much. All I knew was. My biggest problem is I'm hungry and I am impatient waiting for food to just be put right in front of me.

Really, you really don't have that many problems as a child. Your parents, if they can do everything for you. You have a roof over your head and you go to school, you have friends, I don't know. What's your biggest problem? You want the pink shoe, the white shoes that day.

And my mom said that my personality was just always very positive. Very this is what, so what can I do about it? What can we do next? And I was diagnosed with enlarged vestibular aqueduct syndrome. So part of my

cochlea was not formed all the way. As well as Pendred syndrome is. A recessive syndrome, [00:10:00] so both my parents are carriers and I was at one in four chances of having this type of hearing loss. My brother. I don't think you've gotten tested. He either. Doesn't carry it at all or he is good. 50% either carrier or a carrier and 50% chance that he would have Pendred my husband's not a carrier.

What that means is my children will never have my type of hearing loss due to pendred's syndrome. However, all of my children are carriers. So if they want to, in the future, they can get their spouses or partners tested. And that's just a simple saliva test to see if they carry that recessive gene.

Gretchen: Genetics has come so far, it's just amazing what they figured out through genetic testing now.

Michelle: It's really cool. So my hearing loss progressed every time I hit my head.

And by around age 10, I had profound hearing loss in both ears, and I was probably an audiologist, ideologically speaking, a cochlear implant candidate. But my parents weren't ready for [00:11:00] technology and a big change. They saw, michelle is doing really good in school. She's getting straight. A's it's fine. We don't need to.

Do that. It's more like a last resort. But when I learned about cochlear implants in audiology and graduate school. Actually, I went home and said ," Hey Dad, do you know about this technology? He said, ' We've known about it for a long time. And if you want to do it, go ahead and try this. See if you're still a candidate", because you didn't know if anything changed.

I decided to get my left ear implanted, which was my worst ear. Thinking that I didn't have that much to lose. And it became my stronger ear. I would way within a year or so. I noticed, oh, wow. I can hear better on my left ear than my right side.

My confidence soared with having a CI and practicing with it. I could hear the ticking of a clock. I could hear shoes on the carpet. I graduated from audiologists school and I decided to move from Ohio all the way out to San Diego, California. I really don't think I'd have the confidence.

To do that without a CI, because [00:12:00] if I went with hearing aids, I couldn't hear somebody running from behind me in a dark garage. So safety was an issue. I could only talk to my mom on the telephone, which now I can talk to anybody. Everybody. I talked to manufacturers, I talked to parents.

I'm talking to you via zoom right now. And I've been at Rady children's hospital in San Diego for the last 12 years. Only recently. Pre pandemic. I started my Instagram because I missed my patients while I was on maternity leave. And after 12 years, my patients are growing up, getting married, having kids of their own. And they were asking me.

What do you do at night? How do you hear your baby? How do you do this and that? And it dawned on me. Oh, I do live at. Life a little bit differently. Oh, I do things differently, maybe I should share some of these hacks that I don't know. I just, we're trying to figure out I needed to hear this at night or I need to wake up to be on time.

What do I do about it? So [00:13:00] I share a lot of my different ideas. Tools resources within my program, as well as on Instagram. I just love giving free information out there. And then I also created the program specifically for those parents of deaf and hard of hearing children.

Gretchen: I think it's interesting that your mom thought that she did something wrong. And I've heard that from other moms that they feel like, what did they do to deserve this. But I remember taking some of my kids to the audiologist and one of them thought.

That if she listened harder, she would pass this time. That thought and I, and until she verbalized that, she was identified about 10 months. So she'd been the audiologist a whole bunch of times. This wasn't like her first time at the audiologist and at one point, she said I didn't do as well. I really wanted to pass this time, mom.

I was like, oh, do you understand where there's no really Pass or fail we're just checking to see where you're at. And. Like it doesn't matter how hard you listen. You're not going to pass, when you're in that booth and they're doing the beeps and you're feeling like all the.

Did I hear it? Did. Did I miss it? And,[00:14:00] like all that pressure. It was a normal hearing. And then just feeling oh I don't want her to think that something's wrong, nothing's wrong. This is just what it is. And we're just trying to make sure that I think, seeing where she's at and then helping her realize that's okay

Michelle: Totally. Yeah. Patients all the time when I'm programming their hearing aids or Cochlear Implants I tell them like, listen, it's nothing to do with you. You tell me what you hear so that I can help you by programming and adjusting things in your device. Like this device gives you access to those sounds.

You can tell me anything you are not going to hurt my feelings, my jobIs is I don't want you to walk out that door unhappy with your sound. So when you tell me everything that you hear, that you don't hear situations that are hard for you, voices that are hard for you. That can help me because my job is to just make adjustments on those devices.

Gretchen: And I love that perspective and that's something I think sometimes we don't understand the value of an audiologist. So I know for infants and toddlers, [00:15:00] most of the time people end up in an audiologist, but maybe explain why people should choose an audiologist versus. Going to the hearing aid dispenser and what the difference of those are.

Michelle: Hearing aid dispenser. I believe can get there. This. Dispensing certificate or degree in. About anywhere from Two to four weeks. That they aren't going into the profession to be able to help people though. I can respect that.

I'm sure there are some very good and hearing aid dispensers. Out there. I just think that an audiologist is trained in counseling. And an audiologist can be trained in pediatrics or Elderly patients and tinnitus and gosh all of the different devices out there, all of the different etiologies and causes of hearing loss.

And we work together with ENT. We work together with. Speech-language pathologists. We work together with auditory, verbal therapists, teachers of the deaf. Educational audiologists. We worked with the school. I think that if you have a child. [00:16:00] You specifically want to go to an audiologist and if you can even have access to a pediatric audiologist.

Because we are trained to work with parents. We are trained with anything that can apply to those younger years, giving early intervention, giving access to different resources and putting together. It's almost like a caseworker having access to all of these different professionals, putting together pieces of a puzzle.

A hearing aid dispenser is just that they will dispense where they will check your hearing. Dispensing a hearing aid is hopefully appropriate for your type of hearing loss and not have all of those other training or details that can. Really affects your quality of life. That hearing gives you access to.

Gretchen: And I know this is true with my kids. That first time you adjust them, like we were in getting my daughter's adjusted and she said, oh, you gotta turn it down. She told her audiologist. And she said, why did you say that? Because the fans are too loud. Don't want to hear the fan. I didn't hear the fan before. [00:17:00] I don't want to hear the fan. And then I just said to her, she said,

But you know what Gretta your mom hears the fan and I hear the fan and you really should hear the fan. And so just really helping her realize that oh, there are other sounds you've been missing and identifying them and then your brain does the work to put them in the background, but that there's a lot of value in that.

Michelle: Oh, yeah. Yeah.

And as she grows up, she can have access to those different programs of turning them on or off. Specifically if she wants to, but when I'm programming pediatrics, I really want them to utilize it. The amazing brain, the brain can adapt to so many different situations. That's what you have to do.

However, I will say when I didn't get cochlear implanted until I was about 26 or 27, whatever third year and grad school age, I was the way I described it was like, everything was the same level. When I got my C I activated my mom's voice or the printer, or, the dog's nails clicking on the floor and my brain had to get used [00:18:00] to and sort that out. Okay.

That's the printer. I want to focus on the boys, or I need to listen to where my dogs are so that I know that they're safe or whatever it is. People with normal hearing have done that naturally since birth. Here I am my ears. On day one at age 27 years old, I need to learn what everything is and then forward it out and gain muscle with listening and noisy situations.

That's a lot going on there

Gretchen: It's a lot. And that's a really good perspective. Cause I think sometimes people think you activate them or turn them on and they hear like I hear. So I don't know how you'd explain the difference, but.

Michelle: In a way it's like giving a blind man vision. He, or she might not know. What red or blue is yet. Or if they've had hearing before, maybe they do, but they have to practice. Here's. Red his blue. Okay. Got it. Red blue, take it away. What color is this one? They just need to practice in that way. That's what speech therapy is there for? That's what? Listening to books on [00:19:00] tape, or just being immersing themselves into it.

A world of sound and slowly learning. That's why they say when you're learning a new language, go to mercy submerse go to Spain, go to Hong Kong and start listening to it. And eventually slowly you'll start to put two and two together.

Gretchen: Yeah. ' cause that's some, sometimes I hear from people.

They'll get a hearing aid and they'll say it's too loud. I didn't like it. I took it back. I always want to say, but you actually hear with your brain and you need to wait at least at least a six to eight weeks, for your brain to realize that that's okay.

I now hear this and I now hear that.

Michelle: I tell parents all the time. A normal developing child. Isn't going to say. His or her first word until they're a year old. That's 365 days of listening. Figuring out what to do with their mouth and then, putting it all together and start uttering

babel or words. So think about that time and. Have a little bit of patients have a little bit of grace. If you choose to have a cochlear implant or choose to put a hearing [00:20:00] aid on, you need to get used to it. I get a headache whenever I get new glasses. It's new stimulation coming into me I need to almost re-calibrate.

Gretchen: Okay. What's the one tip you would give to parents who are on this journey with their children?

Michelle: Meet your child where they're at. But us, meet yourself where you're at.

And what I mean by that is.

It's harder as it is to try not to play the comparison game. Because where your child is right now is exactly where they're supposed to be. Where you are as a parent in this journey. Because it is the parents' journey as well. Only speaks, every step of the way that you have gone before that moment.

Gretchen: Thanks so much. It's been such a pleasure to chat with you and I'm really happy. We had this time to talk today. Can you tell people again where to find you, if they want more information?

Michelle: Yeah.

So I am at mama hu hears on Instagram. My maiden name is hu .H U. So [00:21:00] @mama.hu.hears on Instagram or my website.

WWW.Mamahuhears.com and to get to my course, you do forward slash and then course.

Gretchen: Okay, great. And can you give them that code again so that they can go get that cause such valuable information? All the stuff I wish I had known when my child got diagnosed with a hearing loss, right? All at their fingertips.

For a 15% discount use H M T for hearing mama's tribe 15.

Thanks, Michelle. Thanks again so much for joining me today.

Michelle: Absolutely. Thank you for having me.