

How to Be an Effective Influencer for Good

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As professionals who serve children with hearing loss, we are constantly challenged to stay current on new technology in order to provide the best patient care. In addition to being on the cutting edge of our field, it is critical that we learn from other arenas if we are going to support families making difficult decisions about the future of their baby with hearing loss.

Pediatric hearing healthcare providers at Hearts for Hearing recently participated in exercises designed to enhance our communication with other professionals and, even more importantly, with the families we serve. This installment of the Tot 10 shares the pillars of what we learned about being an effective influencer for good.

Oftentimes, families of infants who are newly diagnosed with hearing loss are shocked, scared, anxious, angry, or frustrated. Since we are the experts, our job is to give them really good information that will, regardless of the family's emotional state, fix or ameliorate the hearing loss. Right?

Wrong!

We are not the experts.

1. Families are the only experts at living life 24/7 with their child who happens to have a hearing loss.

Although we develop close relationships with most of our families, we will not walk in their shoes through their daily trials, tears, and joys. As a result, the families we serve will have much more knowledge of their needs and the needs of their child with hearing loss.

Celebrating the expertise of each and every family is the foundation upon which to establish trust for a healthy partnership. Families are the experts at living their own lives, and the sooner



we understand this reality, the more likely we will have a positive and long-lasting influence on the decisions they must make.

2. There are different strokes for different folks.

We fully realize that some families we serve have an intrinsic drive to do whatever it takes to ensure their child with hearing loss attains age-appropriate listening, speech, and language skills. They show up to every scheduled appointment, and the data-logging feature within their child's hearing technology indicates 13-hour-a-day use.

Other families don't arrive at our clinics with the same level of internal motivation. Of course, these differences do not indicate that we work with good parents and bad parents. They simply mean that some families present with other requirements that must be fulfilled before the family can optimize the potential of their child with hearing loss.

For parents who are dealing with severe depression, grief, financial difficulties, unmanageable work schedules, transportation concerns, or trouble meeting the most basic needs of life, it may be impossible to take on the stress and work related to hearing loss.

As pediatric hearing healthcare providers, it is our responsibility to identify with families which other priorities must be realized in order for them to tackle listening, speech, and language development. It is imperative that we coordinate with social workers, psychologists, early interventionists, etc., as necessary so that families can meet head-on the challenges specific to their child's hearing loss.

3. Our role is to influence change, not make the change.

Once we are ready to tackle the needs specific to hearing loss, we must think of our role as an effective influencer for good who, in order to serve well, has to uncover and define what motivates families.



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"Influencer" is a really concise definition of leader. An effective influencer/leader gets others to do something they might not do on their own.

For example, most of our families will at first be unaware of auditory brain development and plasticity, and their relationship to the critical period of language development. Without that knowledge, the importance of full-time hearing technology use during infancy and early childhood may not be obvious.

It is the professional's responsibility to provide families with the resources they need to fully understand the implications of childhood hearing loss as well as the evidence-based interventions available.

We must remember that our families come to us with a wide variety of learning styles and communication dynamics. It is our duty to identify the right approach to connect with each of them.

4. To be successful with families, we must constantly answer their unconscious but ever-present question, "What's in it for me?"

Every moment of every day, each person is asking and answering one question unconsciously or, occasionally, consciously: "What's in it for me?" It's how we are wired.

While this tendency may strike readers as rather egotistical, it is not the question but how one answers the question that determines character.

One of our jobs as pediatric hearing healthcare providers is to help our families identify the fruits of the labor we will complete together. In other words, we can help them realize what is in it for them when they are able to achieve their desired outcome for their child.

5. Our first job is not to give information, but to get information.

As an effective influencer for good, we must first help our families tell their story. What do they want to accomplish? What is their greatest fear? What are their dreams for their child?

In our experience, an effective question for supporting families as they tell their stories is: "What types of goals would you like to meet for your child in the next one, three, five, and 18 years?"

In most cases, in order for a journey to be successful, we must know the desired destination. This is entirely true for our journey with families.

6. Ask positive questions, rephrase the answers, and give answers back to families to help identify what they really want.

When families are offered the opportunity to tell their story without judgment or platitudes from the listener, there is power in the fact that they are important characters in their child's story who get to choose the outcome.

For example, we may ask families, "What are your goals for your child?" The answer may be, "I want my child to learn to listen and talk, and when she is 5 years old, I want her to excel in our neighborhood kindergarten with other kids who are listening and talking."

Our response could be, "I hear you saying that you want your child to develop speech, language, and listening skills similar to those of her peers with normal hearing. That's great! We can do that if we consistently use the hearing technology determined to be most appropriate for your child and work together to create an auditory lifestyle that maximizes your child's development."

7. Proactively define and manage expectations to avoid anger and frustration.

Anger and frustration are nothing more than unfulfilled expectations. When we listen well, we can better manage families' expectations. When families articulate their expectations, we can, and should, let them know whether or not we can provide the help they want.

If the family of a baby with a profound hearing loss expects that the child will learn to listen and talk while only wearing hearing aids a couple of hours a day, then the family is going to be disappointed and angry when the desired goal is not achieved. As providers, we must identify the family's desired outcome and then outline what is necessary for the child to achieve that outcome.

"So, if we must commit to difficult conversations, how do we have them?"

8. Our success is directly proportional to the number of difficult conversations we are willing to have.

What we have outlined thus far is the need to focus on the positive and keep the promising outcomes in the forefront for families. What we are emphatically not saying is to ignore the challenging aspects of the work we accomplish with our families.

As educated, dedicated, and passionate professionals, we have a fiduciary responsibility to our families and colleagues to ensure that the information, advice, and therapy we provide are the best we have to offer.

Sometimes, that means we must correct misinformation families hear from someone else or hold as truth, gently and respectfully identifying the behavior or activity that is

getting in the way of the picture of success we have painted.

So, if we must commit to difficult conversations, how do we have them?

9. Always start with “why?”

In an excellent TED talk entitled “How Great Leaders Inspire Action,” Simon Sinek stated that effective influencers for good always start with why they are doing what they are doing before proceeding to do it. This strategy is an effective formula for any worthy project and most difficult conversations.

Start with “why.” Answer the question, “What is it that the family or even a coworker and I want to accomplish, and why?” Providing a clear answer to the question is often the hardest aspect to master. However, the “why” can drive our families’ motivation and the decisions that shape their children’s intervention and outcome.

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For instance, family members may state that they want their child to learn to listen and talk (the what) because they want the child to have the best possible opportunity to converse over the telephone, be on the local high school’s debate team, pursue any occupation he or she chooses, etc. (the why). Once we have defined the “why,” then we can ambitiously pursue how to make it happen.

In order to achieve the aforementioned “why goals,” the child will need to have consistent access to intelligible speech. If the child has bilateral profound hearing loss, then our “how-to” plan may include cochlear implantation at 8 months of age, use of digital remote microphone technology, consistent participation in auditory–verbal therapy, etc. In an ideal world, professionals and families can continually revisit the “why” when justifying and facilitating the motivation required to achieve the desired outcome for the child.

10. Trust is essential to long-lasting success, and it can be cultivated.

Families must trust pediatric hearing healthcare providers in order for us to partner effectively in our mutual goal to pursue the optimal outcome for their children.

Trust is one of those concepts that all of us value and want more of but don’t really understand well. Since trust is foundational to being an effective influencer for good, we will discuss it in more detail. The concept is made up of and significantly affected by numerous components. We will focus on three of these: steadfastness, credibility, and time.

Steadfastness is all about being present when the chips are down. It means sacrificing something valuable to help another get something he or she wants. Steadfastness implies devotion and loyalty, and it is built by ongoing contact, mutual interest, and pursuit of a common “why.”

It can be nerve-racking, difficult, and stressful to fit hearing aids on babies. Infants frequently cry and exhibit resistance when we take impressions for earmolds or measure real-ear-to-coupler differences for hearing aid verification.

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However, we build trust with families by remaining patient and positive, and by serving as the stable beacon assuring them that these services are innocuous and in the best interest of the child. In other words, these steps are an integral part of pursuing the “why.”

Credibility may be the easiest term to define. It means that we have the skills, knowledge, and experience to get something done. Credibility is earned by focusing on an area of expertise and obtaining the credentials necessary to convince others that we can do what we say we can do.

It can be very difficult to keep up with rapidly evolving hearing technology and services. However, we must remain current on the gold standard of pediatric hearing healthcare if we are to maintain the trust of the families we serve.

Like a good wine, trust gets better with time. But also like a good wine, the ingredients must initially be of high quality in order for trust to improve. As pediatric hearing healthcare providers, we have to capitalize on our credibility by providing the best ingredients, and we must remain steadfast to cultivate trust. 