

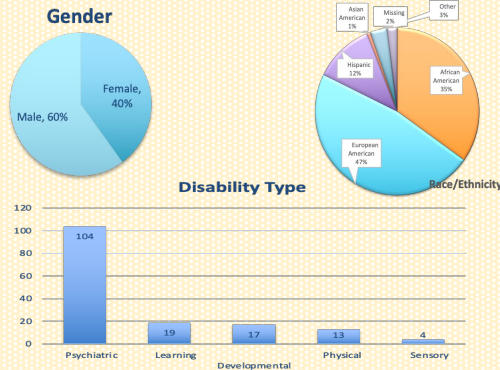
Comparing Telehealth-Based and In-Person Soft Skills Training for Persons with Disabilities During COVID-19: A Pilot Study

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Introduction

Among individuals with disabilities, 80.9% were unemployed in 2021 compared to the national unemployment rate in the United States at 3.6% (U.S. Department of Labor Statistics, 2022). Gaining employment as a person with disabilities is a goal that can improve overall health and well-being (WHO, 2011). Within the workplace, work-related soft skills such as asking for help are essential to job success that can increase problem-solving skills and gaining information (Singh, 2022; Van Der Rijt et al., 2013). The COVID-19 pandemic connections between employees and employers were shifted due to remote work, limiting communication despite it being an essential skill (Battisti et al., 2021). As individuals began to work from home, telehealth appointments increased within the medical field via video chat by 556%, while telephone appointments increased by 442% (Connolly et al., 2021). Therefore, this study aims to examine workplace soft skills intervention that targets the skill of asking for help delivered either in person or via telehealth to individuals with disabilities.



Method

152 individuals with diverse disabilities and demographics who participated in the study were recruited from various community mental health agencies. Participants completed four skills groups 60 minutes about asking for help pre and post-measure questionnaires: Help-seeking Knowledge Questionnaire, Occupational Self-Efficacy Scale Short Form, Job Related Social Skills Checklist, and Career Adapt-ability Scale. Measures were analyzed using descriptive statistics before statistical analysis. Adaptations for in-person and remote were used to provide delivery of the intervention to the in-person and remote groups during the intervention. The intervention was delivered to 42 participants via telehealth and 110 in person. The curriculum focuses on building the skill of making requests at work or similar situations—group facilitators comprised of 26 master's level rehabilitation counseling students from diverse backgrounds.

Table. Effect Sizes for Paired Sample T Test and Independent Sample T Test for Other Outcome Measures for Telehealth Participants and In-person Participants (n=152)

	Group	Pre		Post		t	df	P	ES	ES between	ES (95% CI)	
		M	SD	M	SD						Lower	Upper
Job Related Social Skills Checklist	Tele	2.02	0.41	1.92	0.34	1.51	12	0.16	0.42			
	In-person	1.89	0.43	1.7	0.37	2.19	20	0.04	0.48	0.37	-0.33	1.06
Occupational Self-Efficacy Scale Short Form	Tele	2.94	1.16	2.47	0.52	2.47	12	0.03	0.68			
	In-person	2.64	1.02	2.4	0.97	0.7	20	0.49	0.15	-0.27	-0.97	0.42
Career Adapt-Ability Scale	Tele	3.14	0.51	3.36	0.34	-3.1	12	0.01	-0.86			
	In-person	3.24	1.04	3.65	0.83	-3.32	20	0	-0.73	-0.31	-1	0.39
Help-Seeking Knowledge Questionnaire	Tele	3.45	0.48	3.84	0.39	-6.32	40	<.001	-0.99			
	In-person	3.64	0.37	3.77	0.39	-2.86	80	0.003	-0.32	0.63	0.24	1.01

Results

Help-Seeking Knowledge Questionnaires post measures displayed 13 of 20 questions improved for telehealth while 6 of the 20 questions improved for in-person intervention. The Job-Related Social Skills checklist showed a significant increase in participants' perception of having job-related social skills through in-person intervention (JRSSC: $t=2.19$, $p=0.04$). Participants were assessed using self-report measures: Occupational Self-Efficacy Scale Short Form (OCCSEFF), Job-Related Social Skills Checklist (JRSSC), and Career Adapt-ability Scales (CAAS) pre and post-intervention. For the telehealth group, paired sample t-test for the Occupation Self-Efficacy Scale (OCCSEFF, $t=2.47$, $p=0.03$), indicated a significant increase in participants' perception of their perceived ability and competence to perform different occupational tasks successfully and effectively. For the in-person group, paired sample t-test indicated a significant increase in participants' perception of possessing job-related social skills (JRSSC: $t=2.19$, $p=0.04$) and proficiency in certain skills in the job field (CAAS: $t=-3.32$, $p=0.00$) post-intervention. For the OCCSEFF, there were some changes. However, they were not significant ($t=0.70$; $p=0.15$). The telehealth intervention indicated a significant increase in participants' perception of the ability to perform different occupational tasks successfully and effectively after analysis of the Occupation Self-Efficacy Scale (OCCSEFF, $t=2.47$, $p=0.03$). 75% of participants in person reported feeling confident using the skill, while 90% expressed confidence via telehealth. Overall, participants reported high satisfaction with the curriculum, facilitators, and skill use.

Results Continued

The telehealth intervention indicated a significant increase in participants' perception of the ability to perform different occupational tasks successfully and effectively after analysis of the Occupation Self-Efficacy Scale (OCCSEFF, $t=2.47$, $p=0.03$). 75% of participants in person reported feeling confident using the skill, while 90% expressed confidence via telehealth. Overall, participants reported high satisfaction with the curriculum, facilitators, and skill use.

Discussion

This pilot study revealed that a group intervention is viable for persons with disabilities to learn the soft skill of "Asking for Help". Furthermore, there appeared to be no inferiority effects when the intervention was delivered over telehealth. Analysis of the Help-Seeking Knowledge Questionnaire showed 18 of 20 items had 95% CIs for between-group effect sizes that were well within the non-inferiority margin of $d=0.5$ effect sizes. This indicates the soft skills intervention delivered through telehealth modality is as effective as in-person. Additionally, this intervention was low cost, with minimal training and equipment required, and a lot of room for personalization based on the versatility of the curriculum. Overall, participants felt more comfortable asking for help and in knowing whom to ask for help, feeling more confident in introducing themselves to new people, and recognizing when they need to ask for help.

Selected References

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