


ARTICLE

Conversational skills at work: Teaching small talk via telehealth to individuals with disabilities

Weili Lu¹ | Janice Oursler¹ | Samantha J. Herrick²  | Ni Gao¹ | John Beninato¹ | Tameika Minor¹ | Sunhee Eissenstat¹ | Ariella Silberman Harosh³ | Ke Wang¹ | Jason Diviney¹ | Emily Schultz¹ | Janaina Silva¹ | Dawoon Lee³

¹Department of Psychiatric Rehabilitation and Counseling Professions, Rutgers, The State University of New Jersey, Piscataway, New Jersey, USA

²Counseling and Human Services Department, The University of Scranton, Scranton, Pennsylvania, USA

³Psychology Department, John Jay College Of Criminal Justice, City University of New York, New York, USA

Correspondence

Samantha J. Herrick, Counseling and Human Services Department, The University of Scranton, Scranton, PA, USA.

Email: samantha.herrick@scranton.edu

Weili Lu and Janice Oursler co-first author.

Abstract

Employment can provide numerous benefits to quality of life, mental health, and social inclusion, which can be particularly important for people with disabilities. In a pilot study, the feasibility of *Conversing with Others*, a direct skills teaching (DST) group intervention to teach individuals with disabilities a work-related soft skill focused on conversational skills, was assessed. This mixed methods study delivered the *Conversing with Others* curriculum in-person or via telehealth to 119 participants. The intervention was based on the DST method of teaching skills through smaller, digestible, structured lessons. Both modalities showed improvement in participants' perceptions of their conversational skills. A non-inferiority test indicated that the telehealth and in-person group interventions were comparable. Overall, the study supported the feasibility of in-person and telehealth interventions for teaching workplace conversational skills.

KEYWORDS

conversational skills, direct skills teaching, employment, soft skills

WORK-RELATED SOFT SKILLS AND EMPLOYMENT

Finding and keeping a job has numerous benefits to physical and psychological well-being (De Neve et al., 2018; Weziak-Białowolska et al., 2020). For individuals with disabilities, employment is a particularly important achievement and has been found to promote improve quality of life, mental health, and social inclusion (Dunstan et al., 2017; Henry et al., 2014; Huang & Chen, 2015; Lindsay et al., 2018). Moreover, it can result in greater self-confidence and help individuals with disabilities build

a sense of community (Lindsay et al., 2018). Many individuals with mental health diagnoses desire meaningful work, so addressing low employment rates among this population and more broadly for people with disabilities is crucial (Bonaccio et al., 2020; Houtenville et al., 2023; Modini et al., 2016).

However, successful employment requires the individual to develop and maintain confidence with essential skills. In the current literature, “hard-skills” are defined as the essential functions of a particular job, whereas “soft skills” more commonly align with social emotional literacy, including holding a conversation (Clark et al., 2018; Ritter et al., 2018). One important employment-related soft skill is an individual’s ability to understand and maintain socially acceptable dialogue in job settings, which includes small talk. For instance, an individual must have the ability to converse with others and navigate taboo subjects, such as religion, sex, and politics while in the workplace.

Studies have consistently demonstrated that difficulties with soft skills and social norms in the workplace impact job-tenure, and that successful grasping of soft skills correlates more closely with overall job satisfaction (Clark et al., 2018; Kyllonen, 2013; Riesen et al., 2014). For individuals with disabilities, these findings are important because developing skills that will increase their overall job satisfaction has been found to positively impact their overall functioning (Stephens et al., 2005). There is an increasing effort in addressing this area. For example, the UCLA PEERS Approach primarily focused on social skills training related to initiating and maintaining friendships and romantic relationships/dating. However, the feasibility of utilizing the PEERS approach in an employment setting was not reported in Laugeson et al. (2015) or in a replication by McVey et al. (2016).

CONVERSATIONAL SKILLS AT WORK

The practice of small talk is grounded in communication to build relationships rather than to exchange information of importance or concern (Coupland et al., 1992). This form of dialogue is a necessary component of workplace communication, including greeting coworkers (Bullis & Bach, 1991), chatting before a meeting (Mirivel & Tracy, 2005) or short conversations throughout the workday (Fayard & Weeks, 2007). Within these situations, one might discuss topics of low importance, such as the weather, weekend plans, television shows, or sports. This requires an adeptness at maintaining an informal dialogue with others (Coupland, 2003; Vitukevich, 2016). As such, small talk is not only an integral part of the workplace but also a social norm expected of workers to build social connections and establish a friendly workplace environment (Molinsky, 2013).

Research on small talk has suggested that it makes up one third of everyday conversation (Coupland, 2003, 2014; King et al., 1995). As a normative behavior in the workplace (Holmes, 2000), the role of small talk is to bring individuals closer together (Kendon et al., 1975); however, its role in employment success has been undervalued. Due to the perception of small talk as a useless skill (Brotheridge & Grandey, 2002), individuals who do not try to partake in informal workplace dialogue have unintentionally found themselves to be isolated from their coworkers (Boothby et al., 2018).

However, small talk has a positive effect on one’s feeling of belonging, as well as the mood and group dynamics in the workplace (Holmes, 2003; Huang et al., 2017; Sandstrom & Dunn, 2014). Small talk, even with strangers, has been found to immediately reduce stress, cortisol levels, and heart rate (McCarthy, 2020). Moreover, small talk has been found to be a critical component in obtaining and retaining employment (Kyllonen, 2013). Small talk at work helps workers experience positive social emotions in the workplace, and therefore increases one’s organizational citizenship and positive mood at work (Methot et al., 2020). Rajačić et al. (2020) noted “social success” (e.g., at work) is greatly determined by our ability to engage in small talk, as small talk plays an important role in the maintenance of a relatively cohesive work environment.

In addition, small talk has been found to contribute to the attainment of nonprofessional sources of support that occur in the work environment. Known as work-related natural supports, this form of assistance may be garnered from supervisors or, more frequently, coworkers (Institute for Community Inclusion [ICI], 2015). Acquiring natural supports is an important part of success for

people with disabilities in the workplace (ICI, 2015). Therefore, developing soft skills through practicing conversational skills must be a goal in work-related skills training.

IMPORTANCE OF WORK-RELATED SOFT SKILLS TRAINING

Interpersonal interaction in the workplace may present challenges for people with disabilities (Albright et al., 2020; Holmes & Fillary, 2000). Qualitative interviews with employers who hired adults with autism spectrum disorders revealed the importance of skills in handling small talk and communication with coworkers. These interviews also showed the skills of interacting with customers “ranged from the simple and concrete (i.e., appropriate eye contact and smiling) to the complex (i.e., theory of mind)” (Albright et al., 2020).

Addressing the need for these trainings and to improve workplace conversational skills can be challenging under any circumstances. Doing so in the context of widespread changes to the workplace and society at large can make the challenge even more significant. The COVID-19 pandemic precipitated a dramatic shift to telehealth services (Haque, 2021; Park et al., 2021; Weinberg, 2020), including various service delivery methods and technology, and caused many daily interactions to exist in virtual spaces (Arnberg et al., 2014; Comer, 2015; Dell’Osso et al., 2013; Fairchild et al., 2020; Myers & Comer, 2016; Rousseau & Gunia, 2016; Stewart et al., 2017). Telehealth is rapidly growing, improves access, and reduces costs (Gentry et al., 2019; Madigan et al., 2021). Meta-analyses have shown the effectiveness of tele-mental health services (Lau et al., 2021; O’Connor et al., 2018; Patel et al., 2021; Speyer et al., 2018).

CURRENT STUDY

The *Conversing with Others* curriculum focused on helping workers develop conversational skills to be used in the workplace either via in person or telehealth. Although small talk is commonplace (Coulpland, 2014), it is often not a behaviorally defined work-related soft skill. As such, this intervention defined specific steps in the curriculum to accomplish the skill, including building comfort in topic selection, bringing attention to the impact of verbal and nonverbal cues that can indicate one is paying attention, and reviewing how an individual can go about changing topics or ending a conversation (see Appendix). Although the curriculum is built for employment-related interactions, the skills learned can translate to environments outside of the workplace (Lu et al., 2020; Oursler et al., 2019).

By answering the following questions outlined above, the utility of this intervention intended to support the vocational rehabilitation (VR) needs of individuals with disabilities can be assessed (Lu et al., 2020). The present study aimed to address if: (a) the *Conversing with Others* intervention improved perceived comfort with workplace conversational skills and (b) if the intervention is feasible in terms of effectiveness and acceptability when delivered via telehealth groups as compared to in-person groups of people with disabilities? For this study, acceptability is observed through participants’ and facilitators’ reception of the intervention, while practicality concerns the feasibility of delivering the intervention within constraints (i.e., resources, time, and commitment) (Bowen et al., 2009).

METHODS

Participant eligibility and recruitment

Participants were clients with disabilities receiving services at agencies and were recruited from existing caseloads of group facilitators or other agency staff. Inclusion criteria included: (a) receiving

services at the agency; (b) able to read/write in English; (c) willing to participate in a soft skills training group. This study received approval from the University's Institutional Review Board. Additionally, participant demographic and disability information was collected from agency records. Overall, there were 12 agencies total including 8 mental health (including substance use) agencies, 2 VR agencies, and 2 college offices of disability services.

Measures

Conversing with Others Knowledge Questionnaire (Oursler & Lu, 2022)

This 20-item (revised from a 10-item version utilized in Herrick et al., 2022) self-report scale (Oursler & Lu, 2022), used a 5-point Likert scale ("strongly disagree" to "strongly agree") to elicit participants' perceptions of their conversational skills and was administered pre- and post-group. Sample questions included: "My co-workers are usually interested in the same things I am interested in," and "Part of having a good conversation is being a good listener" (Table 2). Using pre-intervention data, the questionnaire had a Cronbach's alpha of 0.73 among 119 participants. Some items were reverse coded (see Table 2). Cronbach's alpha if items deleted ranged from 0.69 to 0.74. Inter-item correlation ranged from -0.32 to 0.59. Absolute inter-item correlation ranged from 0.003 to 0.59. The validity information of this scale is currently unknown.

Group satisfaction survey

To supplement the pre- and post-questionnaire, a satisfaction questionnaire was administered after the final group session. The satisfaction questionnaire asked participants about their experience in the group, including, (a) "The overall quality of the group was," (b) "The instructor's knowledge of the subject was," (c) "I think the information I received will be helpful to me on the job," (d) "The group held my interest," (e) "The number of group sessions was," and (f) "I feel confident I can use the skill I learned in group." For questions (a) and (b), participants responded on a 4-point Likert scale ranging from "poor" to "excellent." For question (e), response options included "about right," "too many," or "not enough." All other questions included responses rated on a 5-point Likert scale ("strongly disagree" to "strongly agree"). Additionally, a 3-point Likert scale item stating, "I would recommend this group to a friend," included with options of "no," "not sure," and "yes." This questionnaire also had open-ended questions: (a) "What did you like about the group"; (b) "What would you change or improve about this group"; (c) "What will you do differently as a result of attending the group"; and (d) "What other information would be helpful to include in the group."

Data were collected in 2021 and 2022. In 2022, the research team added the following measures for data collection. Thirty-four participants completed these additional measures:

The Occupational Self-Efficacy Scale Short Form (OCCSEFF; Schyns & von Collani, 2002)

This self-efficacy measure assessed the correlation between self-efficacy in the workplace and actual job performance. The Occupational Self-Efficacy Scale Short Form (OCCSEFF) was derived from the General Self-Efficacy Scale (Schwarzer, 1994; Sherer et al., 1982), the State Hope Scale (Snyder et al., 1991), and the Heuristic Competence Scale (Stäudel, 1988). This assessment consists of 20 items scored on a 6-point Likert scale ("not at all true" to "completely true") to measure participants' belief in their ability to perform occupational tasks effectively. Sample items include: "Thanks to my resourcefulness, I know how to handle unforeseen situations in my job," "If I am in trouble at my work, I can usually think of something to do," "I can remain calm when facing difficulties in my job because I can rely on my abilities," "When I am confronted with a problem in my job, I can usually find several solutions," "Whatever comes my way in my job, I'm usually able to handle it," "My past

experiences in my job have prepared me well for my occupational future,” “I meet the goals that I set for myself in my job,” “I feel prepared to meet most of the demands in my job.” The scale has Cronbach’s alpha reliability of 0.88 among 153 college students in Germany (Schyns & von Collani, 2002). Cronbach’s alpha was 0.955 in the current sample.

Job-Related Social Skills Checklist (Reganick, 1995)

An 11-item checklist of work-related skills that participants respond “yes” or “no” based upon their view of possessing a certain skill. Items include: “The job-related social skills that I have or have learned as a result of training are: (a) I know how to ask questions, (b) I am able to problem solve with coworkers, (c) I can accept assistance, (d) I know how to offer assistance, and (e) I am able to accept criticism.” The sum of positively endorsed items is scored and analyzed. Reliability and validity information for this scale is unknown, however, in the current sample. Cronbach’s alpha was 0.868.

Career Adapt-Abilities Scale-Short Form (CAAS-SF; Savickas & Porfelli, 2012)

A 12-item measure scored on a 5-point Likert scale assessed perceived proficiency in certain occupational skills. Items included: making decisions for myself, taking responsibility for my actions, looking for opportunities to grow as a person, investigating options before making a choice, and observing different ways to do things. The full version has shown reliability estimates within the acceptable to excellent range and has shown initial evidence of construct validity as well as convergent validity with the Career Futures Inventory (McIlveen et al., 2018; Savickas & Porfelli, 2012). Additionally, the CAAS-SF has demonstrated reliability between 0.75 and 0.92 across different countries and is strongly correlated with the full CAAS (Maggiori et al., 2017). Cronbach’s alpha was 0.89 for the current sample.

Intervention

Groups were facilitated by 16 master’s level rehabilitation counseling students participating in internships. There were 16 groups in total (10 were in-person and 6 were remote). Each group was led by one facilitator. Students had varying amounts of prior practical experience facilitating groups and completed a Group Methods course, which included theory and basics of leading a group. The 16 facilitators included 12 females and 4 males. Racial/ethnic makeup of female facilitators included: five who identified as Hispanic American, three who identified as African American, two who identified as European American, and two who identified with another racial/ethnic background. For male facilitators, two identified as African American and two identified as European American. The group sizes ranged from 4 to 15 with an average of 7 participants per group. The in-person groups averaged eight participants per group while the remote group averaged six participants per group.

The group facilitators of the direct skills teaching (DST) group required minimal training and received a curriculum manual which included handouts and/or forms needed and detailed the instructions for leading the group. Based on the ROPES approach (Review, Overview, Presentation, Exercises, and Summary) (Cohen et al., 1985), the four sessions of the 60–90 min group intervention were broken down into specific time intervals for each activity. In addition to the handouts and other materials, group facilitators were advised to use index cards, flip charts, and blackboards to reinforce major points of the curriculum. Students were also encouraged to set reminder calls and texts to promote participant retention between sessions.

Based on the Boston University’s DST designed by Farkas and Anthony (2010), the *Conversing with Others* curriculum was developed under the “Choose-Get-Keep” approach. This methodology supports individuals in identifying their desired role of interest in their community. As skills training programs are sometimes criticized for relegating learners to a reactive role (Ellison et al., 2002; Shern et al., 2000), the DST approach encourages learners to take a more active role in the group. To accomplish this, the DST approach incorporates educational, cognitive, and behavioral techniques when

teaching a new skill to learners. This is communicated to group facilitators through a detailed lesson plan that seeks to engage all participants in the activities while offering opportunities for learners to generalize the new skills beyond the given scenarios.

This brief, mixed methods intervention focused on the development of one skill (*Conversing with Others*) as it pertained to the workplace environment to encourage success and satisfaction in employment for individuals with disabilities. This was chosen as the focus of this intervention given the large body of research outlined earlier in this article that demonstrates the direct impact of this skill on employment outcomes. As such, the intervention focuses on the life cycle of an informal conversation, including skills to plan, introduce, sustain, and end such conversations. The curriculum also included group exercises, such as discussions, brief demonstrations, worksheets, and roleplays. The appendix details the content outline for this intervention.

Following the completion of a session, group facilitators were expected to complete a standardized self-assessment of the session's fidelity to the curriculum manual provided at the onset of the intervention. The assessment covered overall impressions of the session, including both the successes and any observed issues or concerns. During analyses, the self-assessments were utilized to assess the feasibility of implementing the intervention in future settings, as well as to identify modifications that may be needed to improve the effectiveness of the intervention.

Procedure

The manualized curriculum was presented over four sessions with each session lasting 60–90 min. In-person groups occurred at the agency and included any specific agency COVID precautions. Remote groups were conducted via Zoom. Remote group facilitators checked that participants had the needed computer resources before the start of the group. As an important part of the DST approach is making important points visual, facilitators were instructed to record main points of the curriculum or discussion on a flip chart or white board.

Analysis

Descriptive statistics and variable distributions were performed in advance of any of analytic procedures. Due to the small sample size and feasibility focused research questions, nonparametric Wilcoxon signed ranked tests were used to test the treatment effects at posttreatment. For open-ended responses, two researchers independently reviewed open-ended responses for their content, and common themes were reported. Effect size (ES) was calculated using Cohen's d formula which was deemed acceptable when a mild to moderate effect was desired. The ES measure used was Cohen's d , available under "point estimate" in the ESs table for SPSS. A non-inferiority margin of delta Cohen's $d = 0.5$ was able to be accepted as adequate evidence to compare telehealth and in-person services (Clark-Carter, 1997; Hedman et al., 2011).

RESULTS

Participants

One-hundred and nineteen adults with various disabilities participated in the study. Fifty participants identified as male, whereas 62 participants identified as female, and seven did not report their gender identity. The participants had a mean age of 38.5 (SD = 13.92). On average, participants had a high school education level. They reported already being engaged with vocational programs and voluntarily participated in the *Conversing with Others* intervention.

TABLE 1 Demographic and diagnostic characteristics of conversing with others study participants ($N = 119$).

	Telehealth ($N = 38$)		In-person ($N = 81$)		Total sample ($N = 119$)				ChiSquare	df	p
	n	%	n	%	n	%					
Gender									9.06	2	0.01
Female	23	60.5	39	48.1	62	52.1					
Male	10	26.3	40	49.4	50	42.0					
Missing	5	13.2	2	2.5	7	5.9					
Race/Ethnicity									9.17	5	0.10
African American	9	23.7	21	25.9	30	25.2					
European American	16	42.1	49	60.5	65	54.6					
Hispanic	5	13.2	7	8.6	12	10.1					
Asian American	5	13.2	2	2.5	7	5.9					
Other	2	5.3	1	1.2	3	2.5					
Missing	1	2.6	1	1.2	2	1.7					
Disability type											
Psychiatric	33	86.8	46	62.2	79	66.4			7.36	1	0.01
Developmental	3	7.9	9	16.1	12	10.1			1.36	1	0.24
Substance use disorder	6	15.8	33	52.4	39	32.8			13.39	1	0.00
Physical	2	5.3	15	27.8	17	14.3			7.51	1	0.01
Sensory	1	2.6	2	3.8	3	2.5			0.09	1	0.76
Learning	4	10.5	11	20.4	15	12.6			1.58	1	0.21
Attended all sessions	23	60.5	51	63.0	74	62.2			0.07	1	0.80
Attended 2 or more sessions	36	94.7	73	90.1	109	91.6			0.72	1	0.40
Currently working	8	21.1	14	17.5	22	18.6			0.21	1	0.64
Ever employed	22	57.9	55	68.8	77	65.3			1.34	1	0.25
	M	SD	M	SD	M	SD	Min	Max	t	df	p
Age	34.05	12.89	40.60	13.98	38.46	13.92	18	81	2.43	114.00	0.02
Years of education	12.83	3.35	12.34	2.10	12.50	2.59	2	20	-0.81	49.40	0.42
Years of employment	3.35	4.83	6.25	6.95	5.45	6.54	0	27	2.50	78.04	0.01

Seventy-nine participants (66.4%) reported a psychiatric disability (e.g., depression, anxiety, and posttraumatic stress disorder), 39 reported a substance use disorder (32.8%), 17 reported physical disabilities (14.3%), 12 reported a developmental disability (10.1%), 15 reported learning disabilities (12.6%), and 3 reported sensory disabilities (2.5%). Some participants reported multiple disabilities (see Table 1).

Treatment effectiveness

Telehealth

The intervention effect was first examined with the telehealth group. A Wilcoxon signed-rank test examining the telehealth intervention's effect among the 38 participants on the Conversing with Others Knowledge Questionnaire showed some statistically significant changes in participants' perception of

their knowledge on how to successfully converse with others at work. Of the 20 questions, 9 achieved p -values of 0.05 or less on the Wilcoxon signed-rank test (Table 2).

A paired sample t -test examining the telehealth intervention's effect on the Conversing with Others Knowledge Questionnaire showed significant changes in participants' knowledge on how to successfully converse with others at work (Table 3). Additionally, Table 3 provides within group ESs for the outcome measures on the Job-Related Social Skills Checklist, OCCSEFF, and Career Adapt-Abilities Scale-Short Form Questionnaires when the intervention was delivered via telehealth. Paired sample t -tests on these measures also indicated significantly increased job-related social skills and career adapt-abilities ($ps < 0.05$). ESs ranged from moderate to large ($ES = -0.66$ to 1.16).

In-person

When the *Conversing with Others* intervention was delivered in-person to 81 participants, 13 out of 20 items on the Conversing with Other Knowledge Questionnaire achieved significance using Wilcoxon signed-rank tests (Table 2). A paired sample t -test examining the in-person intervention's effect on the Conversing with Others Knowledge Questionnaire showed significant changes in participants' knowledge on how to successfully converse with others at work (Table 3). Additionally, Table 3 provides within group ESs for the outcome measures on the Job-Related Social Skills Checklist, OCCSEFF, and CAAS-SF Questionnaires when the intervention was delivered in-person. Paired sample t -tests on these measures also indicated increased job-related social skills, occupational self-efficacy, and career adapt-abilities. However, the differences did not reach statistical significance. ESs remained small ($ES = 0.15$ – 0.28).

Effect sizes and noninferiority

Table 2 provides within and between group ESs for the outcome measures on the Conversing with Others Knowledge Questionnaire. Analysis of the Conversing with Others Knowledge Questionnaire showed 16 out of 20 items had 95% confidence intervals (CIs) for between group ESs that landed well within the non-inferiority margin of $d = 0.5$ ESs. At posttreatment, the ES and its associated 95% CI of the mean difference between the groups on the items in the Conversing with Others Knowledge Questionnaire ranged from -0.42 [95% CI: $(-0.91$ to $0.08)$] to 0.32 [95% CI: $(-0.19$ to $0.83)$] except item 2, "I know how to start a conversation with people I do not know well," [-0.67 (-1.17 to -0.17)], item 9, "I know how to end a conversation when it is time for me to go back to work," [-0.70 (-1.20 to -0.20)], item 11, "While I am at work, it is OK to talk about any topic I am interested in," [-0.60 (-1.10 to -0.09)], and item 19, "I think I would feel comfortable talking to others at lunch even if I do not know them well" [-0.69 (-1.20 to -0.17)]. The average ES for the telehealth group was 0.38, whereas the average ES for the in-person group was 0.16. The overall average ES was 0.27.

Analysis for between group (telehealth vs. in-person) ES for the total score of Conversing with Others Knowledge Questionnaire landed outside the non-inferiority margin of $d = 0.5$ ESs, indicating that telehealth delivery was superior in changing knowledge about conversing with others, compared to in-person delivery of the curriculum. Table 3 provides within and between group ESs for the outcome measures on the Job-Related Social Skills Checklist, OCCSEFF, and CAAS-SF Questionnaires.

Analysis of the Job-Related Social Skills Checklist Questionnaire showed 95% CIs for between group ES that landed well within the non-inferiority margin of $d = 0.5$ ESs. At posttreatment, the ES and its associated 95% CI of the mean difference between the groups on the items in the Job-Related Social Skills Checklist Questionnaire were -0.49 [-1.24 to 0.27].

For the OCCSEFF, analysis showed 95% CIs for between group ES. That was well within the non-inferiority margin of $d = 0.5$ ESs. At posttreatment, the ES and its associated 95% CI of the mean difference between the groups on the items OCCSEFF were -0.66 [-1.45 to 0.14].

TABLE 2 Wilcoxon signed-ranked test for conversing with Others Knowledge Questionnaire for telehealth and in-person participants ($N = 119$).

	Group	Pre			Post			Z	p	ES	ES (95% CI)		
		M	SD	Med.	M	SD	Med.				ES between	Lower	Upper
1) The people I work with want to talk about the same things I want to talk about ^R	Tele	3.09	0.97	3.00	3.32	0.99	4.00	-0.95	0.34	0.19	-0.19	-0.68	0.30
	In-person	3.29	1.05	3.00	3.38	1.01	4.00	-0.93	0.35	0.10			
2) I know how to start a conversation with people I do not know well	Tele	3.12	1.07	3.00	3.96	0.93	4.00	-3.59	0.00*	1.00			
	In-person	3.67	1.05	4.00	3.83	1.00	4.00	-2.00	0.05*	0.30	-0.67	-1.17	-0.17
3) I can research topics to talk about during lunchtime	Tele	3.35	1.04	3.00	4.08	1.04	4.00	-3.18	0.00*	0.88	-0.42	-0.91	0.08
	In-person	3.35	1.18	4.00	3.52	1.11	4.00	-1.20	0.23	0.17			
4) There are some topics that are not good choices to talk about at work	Tele	4.32	0.77	4.00	4.40	0.76	5.00	-0.486	0.63	0.10			
	In-person	4.15	0.98	4.00	4.41	0.80	5.00	-2.06	0.04*	0.28	0.24	-0.26	0.73
5) I can talk about topics other than myself for 5 min	Tele	3.82	1.03	4.00	3.96	0.93	4.00	-1.29	0.20	0.27			
	In-person	4.16	0.82	4.00	4.37	0.61	4.00	-2.13	0.03*	0.33	0.03	-0.46	0.52
6) It is important to make eye contact to show my interest in what the other person is saying	Tele	3.88	0.95	4.00	4.32	0.75	4.00	-2.97	0.00*	0.68			
	In-person	4.20	0.95	4.00	4.57	0.62	5.00	-3.04	0.00*	0.48	-0.06	-0.55	0.43
7) I know how to change the conversation to a new topic	Tele	3.47	1.13	4.00	4.04	0.73	4.00	-2.75	0.01*	0.64			

(Continues)

TABLE 2 (Continued)

	Pre			Post			Z	p	ES	ES (95% CI)		
	M	SD	Med.	M	SD	Med.				between Lower	Upper	
In-person	3.76	0.90	4.00	4.33	0.47	4.00	-3.69	0.00*	0.65	-0.02	-0.51	0.47
8) When I don't want to talk about a topic during lunch, I should get up and walk away in the middle of the conversation ^R	2.26	0.99	2.00	1.92	0.86	2.00	-0.78	0.43	-0.14			
In-person	2.37	0.95	2.00	2.07	0.93	2.00	-0.98	0.33	-0.16			
9) I know how to end a conversation when it is time for me to go back to work	3.26	1.05	4.00	4.12	0.73	4.00	-3.45	0.00*	0.89			
In-person	4.05	0.81	4.00	4.33	0.56	4.00	-2.33	0.02*	0.37	-0.70	-1.20	-0.20
10) It is a good idea to tell the other person when I am not interested in what they are talking about ^R	3.00	1.03	3.00	3.44	1.00	4.00	-2.14	0.03*	0.47			
In-person	3.34	0.97	3.50	3.48	1.01	4.00	-0.50	0.62	0.10	-0.28	-0.78	0.21
11) While I am at work, it is OK to talk about any topic I am interested in ^R	2.70	1.02	2.00	2.72	1.24	2.00	-0.32	0.75	0.06			
In-person	2.95	1.21	3.00	2.41	0.98	2.00	-3.27	0.00*	-0.60	-0.60	-1.10	-0.09
12) During a conversation I often worry about what I will say next ^R	3.61	1.32	4.00	3.56	1.08	4.00	-0.82	0.41	-0.21			
In-person	3.27	1.19	3.50	2.90	1.23	3.00	-2.64	0.01*	-0.43			
13) When I don't know much about a topic, it can be an opportunity to listen and learn about it	3.97	0.98	4.00	4.40	0.82	5.00	-1.39	0.17	0.30			

(Continues)

TABLE 2 (Continued)

	Group	Pre			Post			Z	p	ES	ES (95% CI)		
		M	SD	Med.	M	SD	Med.				between Lower	Upper	
	In-person	3.93	1.14	4.00	4.46	0.54	4.00	-2.92	0.00*	0.49	0.32	-0.19	0.83
14) It is hard for me to make small talk with others at lunch or during a break ^R	Tele	3.38	1.16	3.50	3.20	1.04	3.00	-1.26	0.21	-0.25			
	In-person	2.92	1.25	3.00	2.46	1.13	2.00	-2.79	0.01*	-0.47			
15) If I have to talk to others I would prefer to eat lunch alone ^R	Tele	3.00	1.16	3.00	2.92	1.26	3.00	-0.69	0.49	-0.17			
	In-person	2.63	1.12	2.00	2.44	1.01	2.00	-1.06	0.29	-0.15			
16) Before I go to work, I think about some topics I could talk about at lunch or on a break	Tele	2.28	0.77	2.00	3.12	1.05	3.00	-2.92	0.00*	0.69			
	In-person	2.73	1.23	2.00	3.17	1.28	3.50	-1.92	0.05*	0.34			
17) I feel confident that I can change the subject if I am uncomfortable talking about it	Tele	3.41	1.01	4.00	3.84	0.94	4.00	-1.43	0.15	0.32			
	In-person	3.55	0.87	4.00	3.96	0.89	4.00	-3.09	0.00*	0.53			
18) It can help in talking with others to think about their interests are	Tele	3.78	0.94	4.00	4.16	0.80	4.00	-0.77	0.44	0.16			
	In-person	3.83	0.84	4.00	4.20	0.58	4.00	-1.69	0.09	0.27			
19) I think I would feel comfortable talking to others at lunch even if I do not know them well	Tele	2.72	1.08	3.00	3.56	1.00	4.00	-3.47	0.00*	1.02			
	In-person	2.72	1.08	3.00	3.56	1.00	4.00	-3.47	0.00*	1.02			

(Continues)

TABLE 2 (Continued)

Group	Pre			Post			Z	p	ES	ES (95% CI)		
	M	SD	Med.	M	SD	Med.				between	Lower	Upper
In-person	3.55	1.05	4.00	3.88	0.79	4.00	-1.85	0.06	0.30	-0.69	-1.20	-0.17
Tele	4.19	0.54	4.00	4.64	0.49	5.00	-2.83	0.00*	0.69			
In-person	4.34	0.83	4.00	4.67	0.52	5.00	-2.17	0.03*	0.34	0.02	-0.48	0.52
Tele							Average ES:		0.38			
In-person							Average ES:		0.16			
Average ES:										0.27		

Note: 1 = "strongly disagree"; 2 = "disagree"; 3 = "neutral"; 4 = "agree"; 5 = "strongly agree". R = reverse-coded.

Abbreviation: CI, confidence intervals; ES, effect size.

*p ≤ 0.05.

TABLE 3 Paired sample *t*-test and independent sample *t*-test for other outcome measures for telehealth participants ($N = 38$) and in-person participants ($N = 81$).

	Group	Pre		Post		<i>t</i>	df	<i>p</i>	ES	ES between	ES (95% CI)	
		M	SD	M	SD						Lower	Upper
Job-Related Social Skills Checklist	Tele	2.81	0.64	3.08	0.42	-2.55	14	0.02	-0.66			
	In-person	3.11	0.33	3.20	0.39	-1.00	12	0.34	-0.28	-0.49	-1.24	0.27
Occupational Self-Efficacy Scale Short Form	Tele	3.80	1.36	4.40	0.63	-2.08	13	0.06	-0.56			
	In-person	4.64	0.71	4.70	0.65	-0.53	11	0.61	-0.15	-0.66	-1.45	0.14
Career Adapt-Abilities Scale	Tele	2.78	0.86	3.37	0.68	-4.00	12	0.00	-1.11			
	In-person	3.26	0.64	3.33	0.68	-0.54	12	0.60	-0.15	-1.03	-1.84	-0.20
Conversing with Others Knowledge Questionnaire	Tele	3.34	0.34	3.70	0.32	5.79	24	0.00	1.16			
	In-person	3.56	0.36	3.77	0.25	4.05	49	0.00	0.57	-0.45	-0.94	0.03

Abbreviation: CI, confidence intervals; ES, effect size.

TABLE 4 Satisfaction survey for “Conversing with Others” module.

	Total ($N = 119$)		In-person ($N = 81$)		Telehealth ($N = 38$)		<i>Chi-square</i>	<i>p</i>
	<i>N</i>	Valid (%)	<i>N</i>	Valid (%)	<i>N</i>	Valid (%)		
The overall quality of the group was good/excellent	69	89.6	46	88.5	23	92	4.67	0.10
The instructor’s knowledge was good/excellent	74	96.1	49	94.2	25	100	3.30	0.35
I think the information I received will be helpful to me on the job (<i>agree/strongly agree</i>)	71	92.2	48	92.3	23	92.0	1.77	0.78
The group held my interest (<i>agree/strongly agree</i>)	72	94.7	48	94.1	24	96.0	6.32	0.10
The number of sessions was about right	61	79.2	40	76.9	21	84.0	3.25	0.20
I feel confident that I can use the skill I learned in the group (<i>agree/strongly agree</i>)	72	93.5	49	94.2	23	92.0	7.27	0.12
I would recommend this group to a friend	71	92.2	47	90.4	24	96.0	1.12	0.57

For the CAAS-SF, analysis included 95% CIs for between group ES. That did not land well within the non-inferiority margin of $d = 0.5$ ESs. At posttreatment, the ES and its associated 95% CI of the mean difference between the groups on the items in the CAAS-SF were $-1.03[-1.84$ to $-0.20]$.

Treatment acceptability

The results of the satisfaction questionnaire showed high participant satisfaction overall (Table 4). For the total sample ($N = 119$), 89.6% of participants reported the overall quality of the group and 96.1% of participants reported the instructor’s knowledge were good or excellent. Over 90% of participants felt confident using the skill they learned in the group. Additionally, most participants agreed or strongly

agreed that the information would be helpful on the job (92.2%) and that the group held their interest (94.7%). Overall, 79.2% of participants felt the number of group sessions was about right and 92.2% of participants would recommend the group to a friend.

In-person

For the in-person group ($N = 81$), 88.5% of participants felt the overall group quality was good or excellent, and 94.2% of participants felt similarly about the facilitator's knowledge. Over 90% of in-person participants agreed or strongly agreed that the group held their interest and felt confident to use the skill learned in the group. Additionally, over 70% of participants thought the number of sessions was about right (76.9%). When asked if they would recommend the group to a friend, 90.4% of participants answered "yes."

Telehealth

For the telehealth group ($N = 38$), 92% of participants reported the overall quality of the group and all participants reported that the instructor's knowledge was good or excellent. Over 90% of participants agreed or strongly agreed the information would be helpful on the job and felt confident using the skill learned in the intervention. Eighty-four percent of telehealth participants thought the number of sessions was about right and over 95% of participants agreed or strongly agreed the group held their interest. Ninety-six percent of telehealth participants expressed they would recommend the group to a friend.

Treatment practicality

The treatment intervention also demonstrated practicality, which refers to how the intervention can be delivered within time, resource, and commitment restraints. To assess treatment practicality, facilitators completed an open-ended questionnaire at the end of each group session that asked information about what topics were covered, any changes/modifications made from the session outline, overall impressions of the group, and difficulties/recommended changes for future groups. Facilitators noted that, in general, they were able to follow the manualized curriculum. Nevertheless, adaptations were made for both the in-person groups and the remote groups.

Study activities were completed during daily operations of the agencies used as study sites. The forms utilized to gather data about participants were easy to understand and complete. Moreover, the intervention did not require any specialized materials or additional resources and can be delivered by providers with minimal training. Furthermore, treatment modality (in-person or telehealth) did not significantly impact how the intervention and study materials were delivered.

Facilitators for both delivery methods noted that participants' participation in group activities increased over the four sessions. This, however, had the effect of making it difficult to complete all module activities within the time allotted for the group meeting. Facilitators who found there was inadequate time reported adjusting the curriculum to shorten one of the activities in the curriculum for that session.

The remote groups delivered over Zoom needed different adaptations from the in-person groups. All homework assignments and worksheets were emailed to the participants as compared to in-person distribution. There was limited ability for participants to fill out worksheets during sessions. Role playing took up more time than in the in-person groups. Main points were delivered through PowerPoint instead of a flip chart or white board, which also may have contributed to difficulties in completing

the entire curriculum in the allotted time for the group meeting. Staying on topic was also a difficulty due to distractions that may not have occurred in an in-person setting.

Qualitative analysis

Open-ended responses were also evaluated to understand the participants' reception to the telehealth and in-person interventions. When asked, "What did you like about the group?" across both groups, the feedback centered on the intervention content and the positive environment created by the other participants. The telehealth group responses aligned with the following themes: (a) the roleplays ($n = 7$, 18.4%), (b) interesting subject matter ($n = 4$, 10.5%), (c) everyone was nice ($n = 4$, 10.5%), (d) talking with other people ($n = 4$, 10.5%), (e) I learned new things ($n = 3$, 7.9%), and (f) comfortable environment ($n = 3$, 7.9%). Similarly, the in-person group revealed the following themes to the same question: (a) learned new things ($n = 11$, 13.6%), (b) talking to others ($n = 10$, 12.3%), (c) everyone was nice ($n = 8$, 9.9%), (d) topic was interesting ($n = 8$, 9.9%), (e) the roleplays ($n = 7$, 8.6%), and (f) everything ($n = 6$, 7.4%).

Participants were also asked, "What would you change or improve about this group?" For this question, the telehealth group shared feedback within the themes: (a) include different kinds of activities ($n = 9$, 23.7%), (b) include more interactive exercises ($n = 7$, 18.4%), (c) other ($n = 4$, 10.5%), (d) nothing ($n = 3$, 7.9%), and (e) host the group in-person ($n = 2$, 5.3%). The feedback from the in-person group was slightly different. When asked what they would change, the group answered: (a) nothing ($n = 29$, 36.7%), (b) more sessions ($n = 9$, 11.4%), (c) make it more about [other topics] ($n = 6$, 7.6%), (d) shorten sessions ($n = 1$, 1.3%), and (e) include more people in the group ($n = 1$, 1.3%).

After the intervention, participants were asked "What will you do differently as a result of attending the group?" and the responses were assessed to identify themes. Both groups highlighted conversational skills most among the behavior changes they will make following the intervention. The telehealth group participant responses aligned under the following themes: (a) I will start conversations ($n = 8$, 21.1%), (b) I will use the skills I learned ($n = 8$, 21.1%), (c) I will be more open ($n = 6$, 15.8%), and (d) nothing ($n = 3$, 7.9%). The in-person group feedback differed slightly and fit within the following themes: (a) I will be better at having conversations ($n = 18$, 22.2%), (b) nothing/not sure ($n = 10$, 12.3%), (c) stay positive/be more confident ($n = 5$, 6.2%), (d) listen more carefully ($n = 7$, 8.6%), (e) use skills learned in the group ($n = 5$, 6.2%), (f) recommend the group ($n = 2$, 2.5%), and (g) other ($n = 2$, 2.5%).

Participants were also asked, "What other information would be helpful to include in the group?" An additional focus on social skills was identified by both groups as something they would like to see more of in future group meetings. For the telehealth group, the responses were assessed and determined to fit in the themes: (a) social skills ($n = 12$, 32.4%), (b) nothing ($n = 5$, 13.5%), (c) more activities/roleplaying ($n = 4$, 10.8%), (d) I don't know ($n = 2$, 5.4%), and (e) other ($n = 1$, 2.7%). The in-person group had more varied responses to this question. Their responses fit within the themes: (a) nothing/not sure ($n = 29$, 33.3%), (b) how to deal with conflict/differences ($n = 4$, 4.6%), (c) daily life skills ($n = 5$, 5.7%), (d) more activities ($n = 4$, 4.6%), and (e) ask the group for their opinions ($n = 2$, 2.3%).

DISCUSSION

Findings are in line with research on the ability of people with disabilities to learn and implement valuable work-related soft skills (Clark et al., 2018; Laugeson et al., 2015; McVey et al., 2016). Results of this trial suggested that persons with disabilities can learn in a group setting to deliver the skill, *Conversing with Others*. Item changes on the *Conversing with Others Knowledge Questionnaire* showed participants noted increased comfort with the components of the skill of *Conversing with Others* from

pre to post intervention and increased knowledge with the skill post intervention. Regardless of the mode of administration (telehealth or in-person), the intervention had similar desired outcome. However, results suggest there is room for improvement, which could possibly include modifications to the manual, in particular with the amount of time allotted for various activities.

Implications

Results of this study are important in increasing the effectiveness of VR services and employment services to prepare individuals with disabilities with the soft skills needed for employment. Allowing counselors to meet the needs of a diverse client base is an ongoing challenge in VR (Smith, 2021). The brief, manualized, and group-based *Conversing with Others* intervention can be implemented in a variety of settings with minimal training and support. Building competence with work-related soft skills such as *Conversing with Others* may contribute to clients in VR developing important skills that can lead to positive employment outcomes (Phillips et al., 2014).

As quality VR services can lead to positive employment outcomes for people with disabilities (Dutta et al., 2008; Roux et al., 2021), this approach provides several advantages for employment and VR counselors. The counselor can focus on the particular critical skill that a client may need without spending time teaching a variety of topics that may include knowledge and skills that the person already has. Another advantage is that this is a short-term and brief intervention that can be delivered quickly when a need for this skill is identified. Finally, the curriculum can be adapted for individual use so that it is ready for just-in-time use when a client experiences difficulty with this skill when seeking to get or keep employment.

Results also demonstrated high feasibility of a group teaching intervention of work-related soft skills for persons with disabilities via telehealth or in-person. Additionally, this intervention was low cost with minimal training and equipment required plus room for some personalization of the curriculum. These combined factors support the practicality of administering this intervention. Using an in-person and remote approach reduced the impact of barriers such as transportation and time constraints. However, persons with disabilities often encounter lack of reliable internet access and technological competence which may limit remote delivery of services.

Regardless of the mode of administration, the intervention had similar desired outcomes. Study participants gained comfort in the skill of *Conversing with Others*. Due to the lack of difference found between the modes of delivery for the intervention, we can conclude soft skills training delivered via telehealth is just as effective and acceptable as in-person training. Additionally, study participants overwhelmingly reported high satisfaction with both modes of delivery. In both the remote and in-person groups, participants reported gaining a lot of knowledge from other participants. Even via telehealth, it was possible to create a sense of camaraderie among group members which enabled a sense trust and support. Many participants reported that the intervention was beneficial and that they would like to participate in future soft skills trainings.

It is also important to note the downsides of telehealth including the basic requirements (e.g., telecommunication device and internet) needed to participate in the telehealth system. This creates a disparity in the accessibility of telehealth services (Mehrotra et al., 2021). The increased use of telehealth may lead to less availability of services to individuals who have fewer resources including persons with disabilities.

Limitations

The pilot feasibility nature of this study contributed to several limitations. For instance, the group facilitators were graduate-level counselors-in-training. As such, they do not represent the same level of counseling skills as experienced counselors. Additionally, no fidelity measures were used, which

limits a deep understanding of how closely student facilitators adhered to curriculum. Facilitators did complete a review of the session questionnaire after each group; however, a true fidelity measure would yield more insightful results. Furthermore, the *Conversing with Others Knowledge Questionnaire*, which gauged perceived conversational easiness, currently shows limited reliability and validity information in the available research. The current study also relied on subjective measurements of conversational skill and perceived easiness of conversing with others. Objective measures of these factors are needed to truly assess conversational skill development.

Finally, the study did not incorporate a control group. As such, the findings may be influenced by confounding factors, such as history, maturation, selection, attrition, repeated testing, regression, and not because of the training (Harris et al., 2006; Shadish et al., 2002; Skelly et al., 2012). However, despite the limitations outlined above, findings do support the feasibility and usefulness of the *Conversing with Others* intervention to assist individuals with disabilities who are seeking employment.

Directions for future research

Future studies could consider assessing the feasibility of this intervention with other populations, such as individuals graduating from high school or individuals who have limited work experience. Another area for future attention is examining potential modifications to the intervention, based of facilitator feedback particularly with regard to time allotments.

Additionally, future studies should consider incorporating methods of self-monitoring progress on conversational skills between group sessions, such as through self-report checklists (i.e., was I following the conversational rules? Yes/no), as well as a long-term follow-up gauging ongoing retention of the skills learned and impacts of the intervention on employment. Adding objective raters to evaluate changes in skill use would also be helpful. To that end, future studies that seek to assess conversational skills should incorporate rater behavioral observations of changes in participant ability to demonstrate the skill. Finally, future studies should also utilize a randomized controlled design (i.e., include a control group).

CONCLUSION

This brief *Conversing with Others* intervention with a focus on small talk in the workplace aimed to bolster soft skills for people with disabilities who are interested in gaining employment. The findings indicate the potential usefulness of this intervention based on the DST approach to develop a needed soft skill that may help people with disabilities improve their employment outcomes. Findings also indicate that this group intervention can be effectively delivered either in-person or remotely. Additional research with longer term follow-up is needed to demonstrate the effectiveness of the intervention and usefulness for practicing counselors.

CONFLICT OF INTEREST STATEMENT

The authors have no relevant conflicts of interest to disclose.

FUNDING INFORMATION

Departmental Funding.

DATA AVAILABILITY STATEMENT

Not available; consent not given to make data public.

ETHICS STATEMENT

The study was approved by Rutgers RBHS eIRB, Pro20140000332.

INFORMED CONSENT STATEMENT

Participants provided written informed consent.

ORCID

Samantha J. Herrick  <https://orcid.org/0000-0002-8553-4639>

REFERENCES

- Albright, J., Kulok, S., & Scarpa, A. (2020). A qualitative analysis of employer perspectives on the hiring and employment of adults with autism spectrum disorder. *Journal of Vocational Rehabilitation, 53*(2), 167–182. <https://doi.org/10.3233/jvr-201094>
- Arberg, F. K., Linton, S. J., Hultcrantz, M., Heintz, E., & Jonsson, U. (2014). Internet-delivered psychological treatments for mood and anxiety disorders: A systematic review of their efficacy, safety, and cost-effectiveness. *PLoS ONE, 9*(5), e98118. <https://doi.org/10.1371/journal.pone.0098118>
- Bonaccio, S., Connelly, C. E., Gellatly, I. R., Jetha, A., & Martin Ginis, K. A. (2020). The participation of people with disabilities in the workplace across the employment cycle: Employer concerns and research evidence. *Journal of Business and Psychology, 35*(2), 135–158. <https://doi.org/10.1007/s10869-018-9602-5>
- Boothby, E. J., Cooney, G., Sandstrom, G. M., & Clark, M. S. (2018). The liking gap in conversations: Do people like us more than we think? *Psychological Science, 29*, 1742–1756. <https://doi.org/10.1177/0956797618783714>
- Bowen, D. J., Kreuter, M., Spring, B., Cofta-Woerpel, L., Linnan, L., Weiner, D., Bakken, S., Kaplan, C. P., Squiers, L., Fabrizio, C., & Fernandez, M. (2009). How we design feasibility studies. *American Journal of Preventive Medicine, 36*(5), 452–457. <https://doi.org/10.1016/j.amepre.2009.02.002>
- Brotheridge, C. M., & Grandey, A. A. (2002). Emotional labor and burnout: Comparing two perspectives of “people work.” *Journal of Vocational Behavior, 60*, 17–39. <https://doi.org/10.1006/jvbe.2001.1815>
- Bullis, C., & Bach, B. W. (1991). An explication and test of communication network content and multiplexity as predictors of organizational identification. *Western Journal of Communication, 55*, 180–197. <https://doi.org/10.1080/10570319109374378>
- Clark, K. A., Konrad, M., & Test, D. W. (2018). UPGRADE your performance: Improving soft skills of students with disabilities. *Journal of Vocational Rehabilitation, 49*(3), 351–365. <https://doi.org/10.3233/JVR-180979>
- Clark-Carter, D. (1997). *Doing quantitative psychological research: From design to report*. Psychology Press/Erlbaum (UK) Taylor & Francis.
- Cohen, S., Mermelstein, R., Kamarck, T., & Hoberman, H. M. (1985). Measuring the functional components of social support. *Social Support: Theory, Research and Applications, 24*, 73–94. https://doi.org/10.1007/978-94-009-5115-0_5
- Comer, J. S. (2015). Introduction to the special series: Applying new technologies to extend the scope and accessibility of mental health care. *Cognitive and Behavioral Practice, 22*(3), 253–257. <https://doi.org/10.1016/j.cbpra.2015.04.002>
- Coupland, J. (2003). Small talk: Social functions. *Research on Language and Social Interaction, 36*(1), 1–6. https://doi.org/10.1207/s15327973rlsi3601_1
- Coupland, J. (2014). *Small talk*. Routledge. <https://doi.org/10.4324/9781315838328>
- Coupland, J., Coupland, N., & Robinson, J. (1992). “How are you?”: Negotiating phatic communion. *Language in Society, 21*(2), 207–230. <https://doi.org/10.1017/S004740450001268>
- Dell’Osso, B., Glick, I. D., Baldwin, D. S., & Altamura, A. C. (2013). Can long-term outcomes be improved by shortening the duration of untreated illness in psychiatric disorders? A conceptual framework. *Psychopathology, 46*(1), 14–21. <https://doi.org/10.1159/000338608>
- De Neve, J. E., Kregel, C., & Ward, G. (2018). Work and well-being: A global perspective. In *Global happiness policy report* (pp. 74–128). Global Happiness Council.
- Dunstan, D. A., Falconer, A. K., & Price, I. R. (2017). The relationship between hope, social inclusion, and mental wellbeing in supported employment. *Australian Journal of Rehabilitation Counselling, 23*(1), 37–51. <https://doi.org/10.1017/jrc.2017.5>
- Dutta, A., Gervy, R., Chan, F., Chou, C. C., & Ditchman, N. (2008). Vocational rehabilitation services and employment outcomes for people with disabilities: A United States study. *Journal of Occupational Rehabilitation, 18*(4), 326–334. <https://doi.org/10.1007/s10926-008-9154-z>
- Ellison, M. L., Anthony, W. A., Sheets, J. L., Dodds, W., Barker, W. J., Massaro, J., & Wewiorski, N. J. (2002). The integration of psychiatric rehabilitation services in behavioral health care structures: A state example. *The Journal of Behavioral Health Services & Research, 29*, 381–393. <https://doi.org/10.1007/BF02287345>
- Fairchild, R., Ferng-Kuo, F., Rahmouni, H., & Hardesty, D. (2020). An observational study of telemental care delivery and the context for involuntary commitment for mental health patients in a group of rural emergency departments. *Telemedicine Reports, 1*(1), 22–35. <https://doi.org/10.1089/tmr.2020.0005>

- Farkas, M., & Anthony, W. A. (2010). Psychiatric rehabilitation interventions: A review. *International Review of Psychiatry*, 22(2), 114–129. <https://doi.org/10.3109/09540261003730372>
- Fayard, A., & Weeks, J. (2007). Photocopies and water-coolers: The affordances of informal interaction. *Organization Studies*, 28, 605–634. <https://doi.org/10.1177/01708406060608310>
- Gentry, M. T., Lapid, M. I., Clark, M. M., & Rummans, T. A. (2019). Evidence for telehealth group-based treatment: A systematic review. *Journal of Telemedicine and Telecare*, 25(6), 327–342. <https://doi.org/10.1177/1357633X18775855>
- Haque, S. N. (2021). Telehealth beyond COVID-19. *Psychiatric Services (Washington, D.C.)*, 72(1), 100–103. <https://doi.org/10.1176/appi.ps.202000368>
- Harris, A. D., McGregor, J. C., Perencevich, E. N., Furuno, J. P., Zhu, J., Peterson, D. E., & Finkelstein, J. (2006). The use and interpretation of quasi-experimental studies in medical informatics. *Journal of the American Medical Informatics Association: JAMIA*, 13(1), 16–23. <https://doi.org/10.1197/jamia.M1749>
- Hedman, E., Andersson, G., Ljótsson, B., Andersson, E., Rück, C., Mörtberg, E., & Lindfors, N. (2011). Internet-based cognitive behavior therapy vs. cognitive behavioral group therapy for social anxiety disorder: A randomized controlled non-inferiority trial. *PLoS ONE*, 6(3), e18001. <https://doi.org/10.1371/journal.pone.0018001>
- Henry, A., Petkauskos, K., Stanislawzyk, J., & Vogt, J. (2014). Employer-recommended strategies to increase opportunities for people with disabilities. *Journal of Vocational Rehabilitation*, 41(3), 237–248. <https://doi.org/10.3233/JVR-140716>
- Herrick, S. J., Lu, W., Oursler, J., Beninato, J., Gbadamosi, S., Durante, A., & Meyers, E. (2022). Soft skills for success for job seekers with autism spectrum disorder. *Journal of Vocational Rehabilitation*, 57(2), 113–126. <https://doi.org/10.3233/JVR-221203>
- Holmes, J. (2003). Small talk at work: Potential problems for workers with an intellectual disability. *Research on Language and Social Interaction*, 36(1), 65–84. https://doi.org/10.1207/S15327973RLSI3601_4
- Holmes, J. (2000). Doing collegiality and keeping control at work: Small talk in government departments. In J. Coupland (Ed.), *Small talk* (pp. 32–61). Routledge.
- Holmes, J., & Fillary, R. (2000). Handling small talk at work: Challenges for workers with intellectual disabilities. *International Journal of Disability, Development and Education*, 47(3), 273–291. <https://doi.org/10.1080/0713671114>
- Houtenville, A., Bach, S., & Paul, S. (2023). *Annual report on people with disabilities in America: 2023*. National Institute on Disability, Independent Living, and Rehabilitation Research. <https://disabilitycompendium.org/sites/default/files/user-uploads/Accessible-Annual/20Report/20—/202023/20—/20Accessible.pdf>
- Huang, I., & Chen, R. K. (2015). Employing people with disabilities in the Taiwanese workplace: Employers' perceptions and considerations. *Rehabilitation Counseling Bulletin*, 59(1), 43–54. <https://doi.org/10.1177/0034355214558938>
- Huang, K., Yeomans, M., Brooks, A. W., Minson, J., & Gino, F. (2017). It doesn't hurt to ask: Question-asking increases liking. *Journal of Personality and Social Psychology*, 113, 430–452. <https://doi.org/10.1037/pspi0000097>
- Institute for Community Inclusion (ICI). (2015). The importance of natural supports. ICI. https://www.thinkwork.org/sites/thinkwork.org/files/files/NatSup&SocIncl_factsht_revJuly2015.pdf
- Kendon, A., Harris, R. M., & Key, M. R. (Eds.). (1975). *Organization of behavior in face-to-face interaction*. De Gruyter Mouton. <https://doi.org/10.1515/9783110907643>
- King, J., Sponeman, T., Stuart, S., & Beukelman, D. (1995). Small talk in adult conversations: Implications for AAC vocabulary selection. *Augmentative and Alternative Communication*, 11(4), 260–264. <https://doi.org/10.1080/07434619512331277399>
- Kyllonen, P. (2013). Soft skills for the workplace. *Change: The Magazine of Higher Learning*, 45(6), 16–23. <https://doi.org/10.1080/00091383.2013.841516>
- Lau, N., Colt, S. F., Waldba'm, S., O'Daffer, A., Fladeboe, K., Yi-Frazier, J. P., McCauley, E., & Rosenberg, A. R. (2021). Telemental health for youth with chronic illnesses: Systematic review. *JMIR Mental Health*, 8(8), e30098. <https://doi.org/10.2196/30098>
- Laugeson, E. A., Gantman, A., Kapp, S. K., Orenski, K., & Ellingsen, R. (2015). A randomized controlled trial to improve social skills in young adults with autism spectrum disorder: The UCLA PEERS® program. *Journal of Autism and Developmental Disorders*, 45(12), 3978–3989. <https://doi.org/10.1007/s10803-015-2504-8>
- Lindsay, S., Cagliostro, E., Albarico, M., Mortaji, N., & Karon, L. (2018). A systematic review of the benefits of hiring people with disabilities. *Journal of Occupational Rehabilitation*, 28(4), 634–655. <https://doi.org/10.1007/s10926-018-9756-z>
- Lu, W., Oursler, J., Herrick, S. J., Durante, A., Socha, C., & Crisafulli, G. (2020). Direct skills teaching of work-related conversational skills for individuals with disabilities. *Rehabilitation Counseling Bulletin*, 63(4), 235–244. <https://doi.org/10.1177/0034355219878501>
- Madigan, S., Racine, N., Cooke, J. E., & Korczak, D. J. (2021). COVID-19 and telemental health: Benefits, challenges, and future directions. *Canadian Psychology/Psychologie Canadienne*, 62(1), 5–11. <https://doi.org/10.1037/cap0000259>
- Maggiore, C., Rossier, J., & Savickas, M. L. (2017). Career adapt-abilities scale-short form (CAAS-SF): Construction and validation. *Journal of Career Assessment*, 25(2), 312–325. <https://doi.org/10.1177/1069072714565856>
- McCarthy, C. (2020). Boost productivity, decrease stress by engaging in authentic conversations. *Disability Compliance for Higher Education*, 26(3), 1–7. <https://doi.org/10.1002/dhe.30917>
- McIlveen, P., Perera, H. N., Hoare, P. N., & McLennan, B. (2018). The validity of CAAS scores in divergent social occupations. *Journal of Career Assessment*, 26(1), 31–51. <https://doi.org/10.1177/1069072716679922>
- McVey, A. J., Dolan, B. K., Willar, K. S., Pleiss, S., Karst, J. S., Casnar, C. L., Caiozzo, C., Vogt, E. M., Gordon, N. S., & Van Hecke, A. V. (2016). A replication and extension of the PEERS® for young adults social skills intervention:

- Examining effects on social skills and social anxiety in young adults with autism spectrum disorder. *Journal of Autism and Developmental Disorders*, 46(12), 3739–3754. <https://doi.org/10.1007/s10803-016-2911-5>
- Mehrotra, A., Bhatia, R. S., & Snoswell, C. L. (2021). Paying for telemedicine after the pandemic. *JAMA*, 325(5), 431–432. <https://doi.org/10.1001/jama.2020.25706>
- Methot, J. R., Rosado-Solomon, E. H., Downes, P., & Gabriel, A. S. (2020). Office chit-chat as a social ritual: The uplifting yet distracting effects of daily small talk at work. *The Academy of Management Journal*, 64(5). <https://doi.org/10.5465/amj.2018.1474>
- Mirivel, J. C., & Tracy, K. (2005). Premeeting talk: An organizationally crucial form of talk. *Research on Language and Social Interaction*, 38(1), 1–34. https://doi.org/10.1207/s15327973rlsi3801_1
- Modini, M., Joyce, S., Mykletun, A., Christensen, H., Bryant, R. A., Mitchell, P. B., & Harvey, S. B. (2016). The mental health benefits of employment: Results of a systematic meta-review. *Australasian Psychiatry: Bulletin of Royal Australian and New Zealand College of Psychiatrists*, 24(4), 331–336. <https://doi.org/10.1177/1039856215618523>
- Molinsky, A. L. (2013). *The big challenge of American small talk*. Harvard Business Review. <https://hbr.org/2013/02/the-big-challenge-with-america>
- Myers, K., & Comer, J. S. (2016). The case for telemental health for improving the accessibility and quality of children's mental health services. *Journal of Child and Adolescent Psychopharmacology*, 26(3), 186–191. <https://doi.org/10.1089/cap.2015.0055>
- O'Connor, K., Muller Neff, D., & Pitman, S. (2018). Burnout in mental health professionals: A systematic review and meta-analysis of prevalence and determinants. *European Psychiatry: The Journal of the Association of European Psychiatrists*, 53, 74–99. <https://doi.org/10.1016/j.eurpsy.2018.06.003>
- Oursler, J. D., & Lu, W. (2022). Conversing with others knowledge questionnaire [unpublished manuscript]. Department of psychiatric Rehabilitation and Counseling Professions, Rutgers, The State University of New Jersey.
- Oursler, J., Lu, W., Herrick, S., & Harris, K. (2019). Using direct skills teaching to improve job skills for persons with disabilities. *Journal of Employment Counseling*, 56(2), 69–84. <https://doi.org/10.1002/joc.12113>
- Park, J. J. H., Mogg, R., Smith, G. E., Nakimuli-Mpungu, E., Jehan, F., Rayner, C. R., Condo, J., Decloedt, E. H., Nachege, J. B., Reis, G., & Mills, E. J. (2021). How COVID-19 has fundamentally changed clinical research in global health. *The Lancet Global Health*, 9(5), e711–e720. [https://doi.org/10.1016/S2214-109X\(20\)30542-8](https://doi.org/10.1016/S2214-109X(20)30542-8)
- Patel, S. Y., Mehrotra, A., Huskamp, H. A., Uscher-Pines, L., Ganguli, I., & Barnett, M. L. (2021). Trends in outpatient care delivery and telemedicine during the COVID-19 pandemic in the US. *JAMA Internal Medicine*, 181(3), 388–391. <https://doi.org/10.1001/jamainternmed.2020.5928>
- Phillips, B. N., Kaseroff, A. A., Fleming, A. R., & Huck, G. E. (2014). Work-related social skills: Definitions and interventions in public vocational rehabilitation. *Rehabilitation Psychology*, 59(4), 386–398. <https://doi.org/10.1037/rep0000011>
- Rajačić, A. B., Kišjuhas, A., & Škorić, M. (2020). Sociology of gossip and small talk: A metatheory. *Sociologia (Sociology)*, 52(6), 559–577. <https://doi.org/10.31577/sociologia.2020.52.6.23>
- Reganick, K. (1995). Using adventure-based cooperation training to develop job related social skills for adolescents with severe behavioral and emotional problems (ED392180). ERIC. <https://files.eric.ed.gov/fulltext/ED392180.pdf>
- Riesen, T., Schultz, J., Morgan, R., & Kupferman, S. (2014). School-to-work barriers as identified by special educators, vocational rehabilitation counselors, and community rehabilitation professionals. *The Journal of Rehabilitation*, 80(1), 33–44.
- Ritter, B. A., Small, E. E., Mortimer, J. W., & Doll, J. L. (2018). Designing management curriculum for workplace readiness: Developing students' soft skills. *Journal of Management Education*, 42(1), 80–103. <https://doi.org/10.1177/1052562917703679>
- Rousseau, D. M., & Gunia, B. C. (2016). Evidence-based practice: The psychology of EBP implementation. *Annual Review of Psychology*, 67, 667–692. <https://doi.org/10.1146/annurev-psych-122414-033336>
- Roux, A. M., Rast, J. E., Anderson, K. A., Garfield, T., & Shattuck, P. T. (2021). Vocational rehabilitation service utilization and employment outcomes among secondary students on the autism spectrum. *Journal of Autism and Developmental Disorders*, 51(1), 212–226. <https://doi.org/10.1007/s10803-020-04533-0>
- Sandstrom, G. M., & Dunn, E. W. (2014). Is efficiency overrated?: Minimal social interactions lead to belonging and positive affect. *Social Psychological and Personality Science*, 5, 437–442. <https://doi.org/10.1177/1948550613502990>
- Savickas, M. L., & Porfeli, E. J. (2012). Career adapt-abilities scale: Construction, reliability, and measurement equivalence across 13 countries. *Journal of Vocational Behavior*, 80(3), 661–673. <https://doi.org/10.1016/j.jvb.2012.01.011>
- Schwarzer, R. (1994). Optimism, vulnerability, and self-beliefs as health-related cognitions: A systematic overview. *Psychology & Health*, 9(3), 161–180. <https://doi.org/10.1080/08870449408407475>
- Schyns, B., & von Collani, G. (2002). A new occupational self-efficacy scale and its relation to personality constructs and organizational variables. *European Journal of Work and Organizational Psychology*, 11(2), 219–241. <https://doi.org/10.1080/13594320244000148>
- Shadish, W. R., Cook, T. D., & Campbell, D. T. (2002). *Experimental and quasi-experimental designs for generalized causal inference*. Mifflin and Company.
- Sherer, M., Maddux, J. E., Mercandante, B., Prentice-Dunn, S., Jacobs, B., & Rogers, R. W. (1982). The self-efficacy scale: Construction and validation. *Psychological Reports*, <https://doi.org/10.2466/pr0.1982.51.2.663>

- Shern, D. L., Tsemberis, S., Anthony, W., Lovell, A. M., Richmond, L., Felton, C. J., Winarski, J., & Cohen, M. (2000). Serving street-dwelling individuals with psychiatric disabilities: Outcomes of a psychiatric rehabilitation clinical trial. *American Journal of Public Health, 90*(12), 1873–1878. <https://doi.org/10.2105/ajph.90.12.1873>
- Skelly, A. C., Dettori, J. R., & Brodt, E. D. (2012). Assessing bias: The importance of considering confounding. *Evidence-Based Spine-Care Journal, 3*(1), 9–12. <https://doi.org/10.1055/s-0031-1298595>
- Smith, T. J. (2021). Multicultural ethics in rehabilitation services. *Journal of Vocational Rehabilitation, 54*, 295–304. <https://doi.org/10.3233/JVR-211140>
- Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., Yoshinobu, L., Gibb, J., Langelle, C., & Harney, P. (1991). The will and the ways: Development and validation of an individual-differences measure of hope. *Journal of Personality and Social Psychology, 60*(4), 570–585. <https://doi.org/10.1037/0022-3514.60.4.570>
- Speyer, R., Denman, D., Wilkes-Gillan, S., Chen, Y. W., Bogaardt, H., Kim, J. H., Heckathorn, D. E., & Cordier, R. (2018). Effects of telehealth by allied health professionals and nurses in rural and remote areas: A systematic review and meta-analysis. *Journal of Rehabilitation Medicine, 50*(3), 225–235. <https://doi.org/10.2340/16501977-2297>
- Stäudel, T. (1988). Der kompetenzfragebogen-überprüfung eines verfahrens der selbsteinschätzung der heuristischen kompetenz, belastender emotionen und verhaltenstendenzen beim lösen komplexer probleme [The Kompetenzfragebogen (competency questionnaire) test of an instrument for assessing self-estimates of heuristic competency, stressful emotions and behavior tendencies in complex problem solving]. *Diagnostica, 34*, 136–148.
- Stephens, D. L., Collins, M. D., & Dodder, R. A. (2005). A longitudinal study of employment and skill acquisition among individuals with developmental disabilities. *Research in Developmental Disabilities, 26*(5), 469–486. <https://doi.org/10.1016/j.ridd.2003.12.003>
- Stewart, R. W., Orenge-Aguayo, R. E., Cohen, J. A., Mannarino, A. P., & de Arellano, M. A. (2017). A pilot study of trauma-focused cognitive-behavioral therapy delivered via telehealth technology. *Child Maltreatment, 22*(4), 324–333. <https://doi.org/10.1177/1077559517725403>
- Vitukevich, N. (2016). *Water cooler talk: Weather, "Game of Thrones", football dominate office chatter*. Office Pulse. <https://officepulse.captivate.com/watercooler-talk-what-professionals-are-discussing-at-the-office>
- Weinberg, H. (2020). Online group psychotherapy: Challenges and possibilities during COVID-19—A practice review. *Group Dynamics: Theory, Research, and Practice, 24*(3), 201–211. <https://doi.org/10.1037/gdn0000140>
- Weziak-Bialowolska, D., Bialowolski, P., Sacco, P. L., VanderWeele, T. J., & McNeely, E. (2020). Well-being in life and well-being at work: Which comes first? Evidence from a longitudinal study. *Frontiers in Public Health, 8*, 103. <https://doi.org/10.3389/fpubh.2020.00103>

How to cite this article: Lu, W., Oursler, J., Herrick, S. J., Gao, N., Beninato, J., Minor, T., Eissenstat, S., Harosh, A. S., Wang, K., Diviney, J., Schultz, E., Silva, J., & Lee, D. (2023). Conversational skills at work: Teaching small talk via telehealth to individuals with disabilities. *Journal of Employment Counseling, 60*, 260–281. <https://doi.org/10.1002/joec.12217>

APPENDIX

CONTENT OUTLINE FOR “CONVERSING WITH OTHERS” INTERVENTION

Skill: Conversing with others

Definition: Conversing with others means engaging in a verbal, reciprocal exchange of thoughts and ideas with other individuals.

Benefit: Conversing with others helps you to socialize with peers.

Behaviors:

Session 1: Choosing topics for conversation

Session 2: Demonstrating interest in what others are saying

Session 3: Changing a topic

Session 4: Concluding a conversation

Performance condition: When you are in a social situation with peers such as the cafeteria at work during lunchtime.
