

Small Talk at Work: Can Teaching the Art of Small Talk via Telehealth to Individuals with Disabilities Enable Stronger Conversing Skills?

Krista Klie, Esther Lo, Jason Diviney, Jana Silva, Ke Wang, Weili Lu, Dawoon Lee, Ariella Silberman, Janice Oursler, Samantha Herrick, Ni Gao, Tameika Minor, John Beninato, Sunhee Eissenstat
Department of Psychiatric Rehabilitation and Counseling Professions, Rutgers University

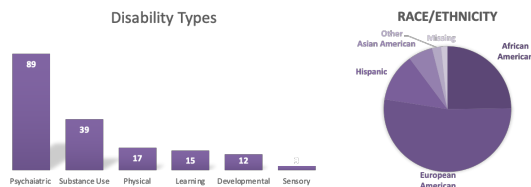
Introduction

Employability is impacted by an understanding and adherence to socially acceptable topics for informal conversation as well as the more formal aspects of job-related communication. Studies have consistently demonstrated that difficulties with soft skills and social norms in the workplace impact job-tenure (Kyllonen, 2013). The current study (*Conversing with Others*) specifically focuses on workplace social situations, such as lunchbreaks, to help workers socialize with their peers, colloquially referred to as “small talk” or “chit chat”. Small talk is a form of communication dedicated to relationship building, rather than instrumental concerns or informational exchange (Coupland et al., 1992). This preliminary pilot study tested the feasibility of a DST group intervention *Conversing with Others* to teach individuals with disabilities work-related soft skills, with a focus on informal conversational skills.

Method

The *Conversing with Others* curriculum was delivered in-person or via telehealth to 129 participants. The intervention was delivered to 41 participants via telehealth and 88 in person. Participants completed pre- and post- measures; Help-seeking Knowledge Questionnaire, Occupational Self-Efficacy Scale Short Form, Job Related Social Skills Checklist, and Career Adapt-ability Scale. The pre- and post- measure, *Conversing with Others* Knowledge questionnaire, a 20-item questionnaire was used to elicit participant self-report of their perceptions of their conversational skill level (Oursler, Lu, et al., 2022). The curriculum for *Conversing with Others* was based upon the Boston University’s DST designed by Farkas and Anthony (2010). The 60- to 90-minute group intervention consisted of four sessions based on the ROPES (Review, Overview, Presentation, Exercises, and Summary) approach (Cohen et al., 1985). Occasionally, participants were provided accommodations and modifications, which facilitators documented. Groups were facilitated by 18 master’s level rehabilitation counseling students participating in internships.

Figure. Demographics



Results

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. Similar results were found when the intervention was delivered in person (Table). Analysis on for between group(telehealth vs. in-person) effect size landed outside the non-inferiority margin of $d = 0.5$ effect sizes, indicating that telehealth was superior in changing knowledge about conversing with others, compared to in person groups.

Paired sample t-tests on measures from the Job-Related Social Skills Checklist, Occupational Self-Efficacy Scale Short Form, and Career Adapt-Abilities Scale Questionnaires indicated increased job-related social skills, occupational self-efficacy, and career adapt-abilities for both in-person group participants and telehealth group participants ($P < .05$, Table). Analysis on these outcome measures showed 95% CIs for between group(telehealth vs. in-person) effect size that landed well within the non-inferiority margin of $d = 0.5$ effect sizes. This indicates that telehealth and in-person groups delivered similar intervention results.

Table. Effect Sizes for Paired sample T Test and Independent Sample T Test for Other Outcome Measures for Telehealth Participants (n=41) and In-person Participants (n=88)

		Pre		Post		t	df	P	ES	ES (95% CI)		
		M	SD	M	SD					ES between	Lower	Upper
Job Related Social Skills Checklist	Tele	2.87	0.63	3.12	0.41	-2.71	17	0.02	-0.64	-0.45	-1.16	0.28
	In-person	3.11	0.33	3.2	0.39	-1	12	0.34	-0.28			
Occupational Self-Efficacy Scale Short Form	Tele	3.87	1.33	4.42	0.58	-2.15	16	0.05	1.06	-0.59	-1.34	0.17
	In-person	4.64	0.71	4.7	0.65	-0.53	11	0.61	-0.15			
Career Adapt-Abilities Scale	Tele	2.9	0.88	3.36	0.65	-2.99	15	0.01	0.62	-0.7	-1.45	0.06
	In-person	3.26	0.64	3.33	0.68	-0.54	12	0.6	-0.15			
Conversing with Others Knowledge Questionnaire	Tele	3.33	0.45	3.72	0.38	-6.07	27	<.001	-1.15	-0.12	-0.57	0.34
	In-person	3.52	0.44	3.86	0.31	-6.15	55	<.001	-0.82			

Results continued

Finally, as for satisfaction, over 90% reported the overall quality of the group and 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 (93%).

Discussion

Findings suggest that persons with disabilities can learn in a group setting to deliver the skill, “*Conversing with Others*.” Overall, participants noted increased knowledge with the skill of *Conversing with Others* post- intervention. Additionally, telehealth intervention was not inferior to in-person intervention when using various outcome measures. Regardless of the mode of administration, the intervention had similar desired outcome.

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. As for limitations, the study only assessed perceived easiness with conversing with others and self-report data. Results demonstrated high feasibility of a group teaching intervention of work-related soft skills for persons with disabilities via telehealth or in person.

Selected References

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