

**Q. We hear about mass shootings in schools and in the workplace. It's frightening. I read that hundreds of employees are shot in the workplace each year. What are the latest statistics, and which employees are most at risk? What can supervisors do? How can EAP help?**

**A.** About 450 homicides occur in the workplace each year in the U.S., and about 85% of these are shootings. An equal number of victims are also shot, but survive. The latest government statistics (2015) show that first-line supervisors of retail employees are at the highest risk of getting shot. Next are cashiers, followed by law enforcement officers, and then taxi drivers. Robbery is the most common reason for shootings. Men are five times more likely than women to be a victim of a shooting, but women are 10 times more likely to get shot when the assailant is a domestic partner, lover, or acquaintance. Domestic violence victimization is one circumstance sometimes shared or known by others at work. It is therefore crucial to refer these victims of abuse and violence to the EAP, and not become a private confidant. Only a proper assessment will offer the best chance of identifying the level of risk that might exist, and what to do next about it. <https://www.bls.gov/iif/oshwc/cfoi/workplace-homicides.htm>

**Q. EAPs see self-referred employees for any type of personal problem. If the problem is primarily about the supervisor, however, will the EAP urge the employee to sign a release so the other side of the story can be obtained from the supervisor?**

**A.** EAPs work with the information provided by employees to guide them toward a workable solution. Complaints about supervisors are common, but EAPs do not need "the other side of the story" from the supervisor to help employees navigate their way to a better relationship. If such information is needed, the employee can supply it or the EAP can request it. You may feel uncomfortable imagining your employees at the EAP office talking about you, but you should understand that EAPs are hosted by organizations. This means EAPs seek healthful and productive resolutions that benefit employees in their roles as workers without dismissing the primacy of the organization or undermining your role or position.

**Q. I have an employee who is a very nervous person. He worries about making a mistake around me, and his hands tremble. I am reassuring, but it's not helping. Should I make a formal referral to the EAP or encourage a self-referral? Is this an anxiety disorder?**

**A.** Your employee's nervousness affects communication, interferes with the relationship between you, increases his risk of making mistakes and getting injured on the job, and may ultimately cause him to quit. His issues are interfering with his job satisfaction, which is also important. These documentable issues justify a formal referral. Your employee may respond to an encouraged self-referral, but why wait? There is nothing improper about making a formal referral now that will allow you to communicate with the EAP and help him. The employee's problem is likely some condition related to anxiety, but many things could conceivably cause the behavior you are seeing.

**Q. Do employees self-refer to EAPs for help with alcoholism, or is this the type of personal problem that will ultimately require a formal referral because of denial?**

**A.** Self-referrals do occur, but they typically result from drinking-related incidents, not simply the awareness of alcoholism. Like other illnesses with behavioral aspects to them, enabling and denial act as forces making self-diagnosis difficult. A DUI, the fear of divorce, or a “close call,” among other situations, may motivate self-referrals. Alcoholics are seeking help for their “drinking problem,” even in these circumstances—they hope to regain control over their drinking. They often have ruled out the possibility of alcoholism based on their own unique definition, which excludes them. This is where expertise is crucial in the assessment process. The EA professional may have only one shot at helping these employees understand the nature of what they are dealing with and motivating them to take the next step. The client must be sold on the benefits—the promises of recovery—that result from proper treatment. Some clients are ready for this message, while others are not. The window of motivation is short. The good news is that the predictability of future crises almost guarantees them another chance to hear the message and accept help.

**Q. I think supervisors who share information about their lives, personal foibles, and the real problems they face at home and at work are less mysterious. Does this help elicit more cooperation from troubled workers and motivate them to feel closer and perform better?**

**A.** Demonstrating vulnerability will tend to improve relationships in your personal life, but it can undermine your supervisory role in correcting worker performance. The reasons are not mysterious. The employment setting operates with a different set of dynamics than your personal life. Because a paycheck passes downward in an organization to employees and a hierarchy exists to ensure productivity and workflow, there are natural differences in status that exist between workers and those who supervise them. With their higher status, supervisors possess influence and leverage that allow them the power to correct problems, guide employees, judge performance, and discipline and reward workers. But these forces can be undermined. One way to do that is to convince employees that you and they are equal in status. Self-disclosure (being too close and personal) produces this result. If you are perceived as a friend rather than a boss, your employees lose the sense of urgency needed to work under your direction. Coaxing and pleading become faulty tools of persuasion. The same dynamic occurs when parents forgo discipline to become friends with their children.

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