



# EAP Integration at Carpenter Technology Corp.

| By Mark Attridge, PhD, MA

**T**his article describes the evolution of the EAP at Carpenter Technology Corporation over more than four decades. It began as an internal program that embraced the core technology of the EAP field and eventually expanded its role to become deeply integrated within the company and its many other programs and benefit providers. This column was written collaboratively with Greg DeLapp, the program’s director for over 30 years. Greg served as president of EAPA from 1998 to 2000.

## The Company

With a history dating back more than 126 years, Carpenter is a global leader in the development, manufacturing and distribution of specialty steels and engineered materials. Headquartered in Reading, Pennsylvania, the company maintains operations throughout the United States, Mexico, Europe and Asia. Carpenter has nearly 5,000 employees in over 40 locations worldwide. It had over \$2.2 billion dollars (US) in revenue in the last fiscal year.

## The 1970s – Internal Model

Carpenter was an early leader in the occupational alcoholism

movement when the company began an on-site internal EAP in 1974. There were strong business, community, and personal links between Carpenter and Chit Chat Farms, a local alcoholism rehabilitation and treatment center. (It is known today as Caron Treatment Centers.)

## The 1980s – Internal EAP with “Broad Brush” Model

By 1981 the reality of more complex employee needs and human resources (HR) regulatory environment pushed the program to embrace the emerging “broad-brush” type of EAP. This meant adding intervention strategies such as offering an alternative to termination following a positive alcohol or drug test, employer responses to fitness-for-duty dilemmas, supporting employee financial difficulties while on furlough, guidance when employees faced legal issues, response to regulatory changes, and training and response following critical work incidents.

The Carpenter EAP was expanded to also manage on-site occupational health services, workers’ compensation and non-occupational disability management programs, and the emerging worksite wellness and work/life services. To more properly

reflect this broadened scope of services, the “P” was dropped from name of the program.

However, all of these new services were implemented with a foundational work-based focus and adherence to the core technologies of EAP introduced by Roman and Blum in 1985/1988 (and later expanded by EAPA in 1998). In this way the EA service supported the larger focus at Carpenter on work-based services and emphasized the link between personal issues and job performance. This connection was the primary reason for employees to seek assistance from the EA in both union and non-union facilities.

## The 1990s – Hybrid EAP Model

As the company grew into a global employer, Carpenter supplemented the on-site internal model with many and varied external EAP vendor services that covered all domestic and international locations. Although a period of great expansion of the EA mission and its role, this marked the start of a slow demise of the internal EA model at Carpenter.

Two larger factors were also driving this change. First was the cost-focused managed behavioral healthcare initiatives that

became popular in the 1990s, which eventually limited the ability of employees and their families to access company-sponsored mental health and addiction treatment services. At the same time there was a growing trend to regard EAP as just another employee “benefit” that could be provided more cost-effectively by external business partners. This change challenged the historical view of having an internal EA at Carpenter as an essential component of the employer-employee relationship.

### 2015 – External Vendor EAP Model

This summer Carpenter moved to a fully external affiliate model for the delivery of EA services. Thus, the Carpenter EA is now provided through a capable on- and off-site service provider; *Health Advocate EAP + Work/Life* (based in nearby Exton, PA). This decision is in step with Carpenter’s recent focus on external provision of transactional services and a desire for more technology and data. It also reflects a shift in the role of HR away from the direct administration of benefits through internal programs (such as EA).

### Opportunities for Integration through Relationship Building

Part of the success of the Carpenter EA was that it was woven into the fabric of everyday life at the company. Solid relationships built over the years between the EA director and staff, as well as others in

leadership roles, HR, unions and other programs, led to greater opportunities for integration. Examples include:

- All levels of corrective action for employees came with a recommendation to use EA to assist in meeting job performance expectations;
- Managers and employees alike would not think of responding to a critical work incident without involving EA;
- The inclusion of the EA as part of the on-boarding process with HR for new employees helped set a tone for the employment relationship;
- The EA was also positioned in local community outreach and corporate contributions efforts; and
- The EA collaborated with health insurance carriers, managed behavioral health gatekeepers, disability insurance carriers, and preferred providers of mental health and addiction treatment to develop best practices for more effective authorization and admissions criteria.

The partnerships and collaborative alliances that were developed and nurtured over the years by the internal EA staff will hopefully be continued with the transition to the next chapter of EA service at Carpenter. Compared to most vendors, at least this one will be given the opportunity to do so by the organization.

### Personal Reflection from Greg DeLapp

“Even though I know *Health Advocate* is up to the task of

offering solid EA services, I lament the demise of such a longstanding workplace-based, core technology-oriented, employer-employee focused EA offering. We had a 41-year track record of assisting Carpenter – both as a business as well as employees and their families.

“I leave with 33-1/2 years’ service at Carpenter, having had the privilege of assisting employees at all levels of the organization, and being allowed into their lives in ways that have contributed to a better workplace. All told, this afforded me great flexibility to innovate, lead, experiment, and be an integral member of Carpenter and EAPA in the service of others.” ♦

– Gregory P. DeLapp, MHS, CEAP

**Note:** In future articles, I would like to profile other EAPs or vendors that are partnering with the client organization in innovative ways. Contact me with your suggestions for another case study.

*Dr. Mark Attridge is an independent research scholar and President of Attridge Consulting, Inc., based in Minneapolis. He has created over 200 papers and conference presentations on various topics in workplace mental health, EAP, psychology and communication. He delivered a keynote presentation on ROI and the business value of EAP at the 2013 EAPA World EAP Conference and is past Chair of the EAPA Research Committee. He can be reached at: mark@attridgeconsulting.com. Greg can be reached at: gdelapp@aol.com.*