

Eucatas Advisory

Addiction and crisis navigation for organizations and individuals

The First 48 Hours

WHAT TO DO WHEN A PERSONAL CRISIS SURFACES IN YOUR ORGANIZATION

Someone in your organization just told you something you weren't ready to hear. Or maybe you found out another way. Either way, you're now responsible for what happens next — to them, and to your organization. The decisions you make in the next 48 hours will shape everything that follows.

WHAT TO DO

The Right First Moves

Breathe. You have more time than you think. The instinct is to act immediately — call a meeting, confront the person, tell someone. Resist that instinct. Most of the worst outcomes in situations like this come from premature action, not inaction.

Limit who knows. The circle should be as small as possible — only the people who absolutely need to know. You can always expand the circle later. You cannot shrink it.

Write down what you know — and what you don't. Separate facts from assumptions. What did the person actually say? What did you observe? What are you inferring? This will matter when you're making decisions under pressure.

Do not google solutions yet. You'll find an entire industry and no way to evaluate it. The landscape is overwhelming, the stakes are high, and the cost of a wrong first move is real. You need a guide before you need a program.

Talk to someone who has navigated this before. Not a lawyer (yet). Not HR (yet). Someone who understands both the clinical landscape and the leadership landscape — who has been on both sides of a situation like this and can help you see the full picture before anyone acts.

WHAT NOT TO DO

The Mistakes That Make It Worse

Don't confront the person without a plan. An unstructured confrontation — even a well-intentioned one — often produces partial truths, defensive reactions, and a false sense that the situation has

been addressed. It hasn't.

Don't make promises you can't keep. Don't tell the person everything will be fine. Don't promise confidentiality you may not be able to maintain. Honesty now — even uncomfortable honesty — builds the trust that the entire process will depend on.

Don't try to diagnose the problem. Addiction and compulsive behavior require clinical assessment by people trained specifically for it. That's not a criticism of your team — it's a recognition of what this situation actually requires.

Don't skip the clinical step. Prayer, accountability, and pastoral care matter enormously — but they are not substitutes for clinical treatment when addiction is involved. The people who recover fully get both: clinical treatment to clear the ground, and pastoral care to plant and cultivate.

WHAT CAN WAIT

The Decisions You Don't Have to Make Today

You do not need to decide today what kind of treatment this person needs. You do not need to decide today who else should know. You do not need to decide today what the consequences will be. You do not need to decide today whether this person stays or goes.

All of those decisions will need to be made. But they will be made better a week from now than today — if you spend this week getting the right guidance, understanding what you're actually dealing with, and building a framework for what's ahead.

The organizations that navigate this well don't just survive it. They come out of it with a depth of care they couldn't have built any other way.

Eucatas Advisory provides confidential crisis guidance for organizations and individuals navigating addiction, sexual behavior, substance abuse, and other destructive patterns. Our team has been through recovery ourselves — and we've guided churches, nonprofits, and organizations through situations exactly like yours.

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