


Laura Mitchell, MBA
20509 Alderleaf Terrace, Germantown, MD 20874
E-mail: Laura@LauraMitchell.org
Telephone 410 422 2694



TESTIMONY IN SUPPORT WITH AMENDMENT OF
Public Schools – Active Shooter Safety Drills or Trainings – Requirements - HB0416

Submitted by Submitted by Laura Mitchell, Individual
to the Maryland House Ways and Means Committee

February 5, 2024

Chairwoman Atterbeary, Vice Chair Wilkins, and Respected Members of the Ways and Means Committee,

I am Laura Mitchell, a mother of two adult children and a teen grandchild in 11th grade. My youngest son and my grandchild are both neurodivergent persons with significant trauma histories for whom unexpected disruptions, such as emergency drills, have had very significant consequences. It is for them, and others with similar conditions and histories, that I urge you to support HB0416 Public Schools – Active Shooter Safety Drills or Trainings – Requirements, with one small amendment: that schools be required to collaborate with a qualified mental health provider, as well as law enforcement, in the planning and subsequent phases of these drills.

When my grandchild was in 4th grade, I was in the building supporting the school as a PTA member when a tornado warning was issued, and everyone had to shelter in the storm safe area. My grandchild ended up across the hall from the copy room where I was. It was relatively quiet, but louder than a normal classroom once everyone was seated. I could see her anxiety building. She began holding her hands over her ears, rocking back and forth, and her wonderful teacher began rubbing her back to help calm her. It was near the end of the day, and I was able to take her home once the threat had passed and we spent hours calming and reassuring her throughout the night. She was still too shaken to go to school the next day (Friday) but returned on Monday.

Early in her 6th grade year, I was in the school media center running the book fair when an unannounced active shooter drill was called. I was again able to observe my grandchild's response as the excitement of shopping at the book fair suddenly became fear and angst. She

began crying, rocking, covering her ears with her hands and began to panic. I, along with a couple of classmates tried to comfort and distract her, but we also had to be quiet per the drill instructions. When the drill ended there was no time to reconcile the sudden change from fun to fear, there was simply an announcement that the drill was concluded, and teachers and students should resume their “normal activities”. She was so traumatized by the drill that she stayed with me for the remainder of the day and was unable to return to school the next day. She had nightmares about being shot at school for over two weeks. Withing that time, her mental health deteriorated to the point that she had to be hospitalized for suicidal ideation because she could not stop thinking about this danger she now perceived as real at her school. She was diagnosed with autism spectrum disorder (ASD) soon after her release from the hospital stay precipitated by this situation. We pursued and received an IEP and I insisted that prior notice of all drills be provided to her and her guardians as one of her accommodations. That helps her and her experience before her diagnosis highlights the importance of minimizing impacts on everyone involved in the drills, beyond those with known conditions or trauma.

Emergencies happen and we have little ability to avoid those. We can, however, control the negative impacts of emergency preparedness drills with better planning and more thoughtful implementation that includes identifying persons most at risk for traumatization, providing prior notice to everyone who will participate, and mitigating any adverse responses or trauma that results from the drills with calming activities and immediate access to professional mental health providers.

Planning for drills, particularly active shooter safety drills, must include thoughtful foreplaning and implementation with a full complement of professionals to consider the impacts and develop a multidisciplinary plan that minimizes trauma to participants. This includes law enforcement, school staff and administrators, mental health professionals, families, and students where appropriate. Identifying persons most at risk for traumatization from the heightened emotions, sounds, and movements that occur during a drill provides the opportunity to determine if a drill is the best means for that individual to learn the intended lessons or if a tabletop exercise or other method would serve them better and avoid potential stress or trauma.

I believe trauma-informed planning, prior notice, and post drill trauma mitigation would have helped my granddaughter avoid the mental health crisis the drill precipitated. I also believe this will help other students and staff – with or without a diagnosed condition, known vulnerability, or history of trauma – avoid similar or worse outcomes.

Evidence that these active shooter drills improve school safety is nearly nonexistent. Many studies have produced recommendations and best practices for minimizing and mitigating the negative impacts of the drills, including those recommended in HB0416. I leave you with

several resources below and urge the passage of HB0416 with the requested amendment to engage mental health professionals in every phase from planning to post drill care.

Respectfully Submitted,

Laura Mitchell, M.B.A. (she/her)

410-422-2694

- [Montgomery Goes Purple](#) Co-Founder
- Montgomery County [Alcohol and Other Drug Addiction Advisory Council](#) (AODAAC) Immediate Past Chair, Appointed Voting Member; Participant in Prevention, Legislative, and Treatment & Recovery Subcommittees
- Montgomery County Mental Health Advisory Committee Liaison for AODAAC
- Montgomery County Behavioral Health Crisis Leadership Collaborative
- Montgomery County Prevention Alliance (Formerly Opioid Intervention Workgroup)
- Montgomery County Suicide Prevention Coalition
- [Parity At 10](#): EQUAL INSURANCE COVERAGE OF SUBSTANCE USE AND MENTAL HEALTH DISORDERS. IT'S THE LAW. (Contact the [Legal Action Center](#) if you have experienced difficulty accessing Substance Use or Mental Health treatment.)
- [National PTA](#):
 - [Diversity Inclusion and Outreach 2021-2023 Committee Member](#)
 - 2021-2022 Whole Child Fellow, [Center for Family Engagement](#); Creator of MCCPTA C.A.R.E.S., supporting staff at schools in crisis.
 - [2022 NPTA Shirley Igo Advocate of the Year](#)
- [MCCPTA](#):
 - [Vice President of Advocacy](#)
 - [Operating Budget Committee Chair](#)
 - [Substance Use Prevention Committee Chair](#)
 - 2022 MCCPTA Advocate of the Year
 - 2023 MCPS Superintendent's Community Champion for Children Award
- [Wheaton HS PTSA](#) Immediate Past President

Resources

Brock, S. E., Nickerson, A. B., Reeves, M. A. L., Conolly, C. N., Jimerson, S. R., Pesce, R. C., & Lazzaro, B. R. (2016). *School crisis prevention and intervention: The PREPaRE model (2nd ed.)*. National Association of School Psychologists.

NASP and NASRO. (2021). *Best practice considerations for schools in armed assailant drills for schools* [Brief]. Retrieved from <http://www.nasponline.org/armed-assailant-drills>

U.S. Department of Education, Office of Elementary and Secondary Education, Office of Safe and Healthy Students. (2013). *Guide for developing high quality school emergency operations plans (K-12)*. <http://www2.ed.gov/about/offices/list/oese/oshs/rem-s-k-12-guide.pdf>