

Army Family Wellness during Permanent Change of Station

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Introduction.

Army families often find themselves in unique family situations. When undergoing a permanent change of station (PCS), these families find themselves moving to new locations, jobs, and schools. Army families are expected to move every two to three years, which means they move 2.4 times as often as civilian families, and are more likely to move long distances, across state lines, or to foreign locations (Clever & Segal, 2013). With these moves comes a complete lifestyle change, which can prove to be extremely hard on both adults and children. The Army would like its enlisted Soldiers to remain on station for at least 36 months. In late 2012, senior Army leaders were asked to look for ways to increase unit readiness, stability and predictability for Soldiers and families. Col. Robert Bennett, director, Enlisted Personnel Management Directorate said, "We want to make everyone happy, but at the end of the day, it's about Army requirements. That's the driver" (Vergun, 2013). The goal of the Army assignment system is to place the right soldier in the right job at the right time (United States Army, 2012). While this goal tries to keep the needs of the soldier and army in mind, primary focus is not placed on family members. When orders to move come, families are faced with uprooting themselves from their current location and can expect changes to their routines. The purpose of this paper is to address potential family stressors in nutrition, health, and family resilience while undergoing a PCS, and to provide practical solutions.

In response to increased moves, deployments, and stressors to soldiers and families, the Army has developed a program called the Army Performance Triad "The Total Army Family Challenge". The triad entails three components: activity, sleep, and nutrition. By managing all three of these areas the Army suggests that it will make families and soldiers stronger, and better able to handle stress and adversity.

Nutrition.

While in transit during a PCS, many families do not have access to a full kitchen. This alone can be a stressor as families try to figure out how to provide nutritious meals. As a result of the lack of kitchen, many families opt to eat fast food during this time, which can lead to a wide variety of health concerns. With obesity on the rise in America, Army families need to be extra diligent during a PCS to ensure that their family is receiving the proper nutrition. Currently, half of adults and one third of children are overweight or obese (Bushman, 2016). The home is the greatest arena for change, and this remains true while in transit. Parents are the main influence in their child's eating habits, and their relationship towards healthy eating (Watkins & Jones, 2015). The habits formed during childhood are likely to be kept into adulthood.

Families should challenge themselves to follow the Healthy People 2020 initiative of consuming healthful diets, and maintaining a healthy body weight (Office of Disease Prevention and Health Promotion, 2014). Families should also strive to follow the latest lifestyle and dietary guidelines, established in 2015, which emphasize the importance of creating healthy eating patterns in order to maintain health and reduce the risk of disease ("Choose My Plate", n.d.). More information on the 2015 dietary guidelines can be found at www.choosemyplate.gov, along with answers to common questions about cholesterol, caffeine, added sugar, sodium, and fat in the diet.

The typical diet of Americans is lacking in the consumption of fruits, vegetables, dairy, and oils, yet is excessive in the areas of added sugar, saturated fats, and sodium consumption (Bushman, 2016). The current dietary guidelines for Americans recommends a wide variety of foods from all food groups, and stresses the importance of vegetables, fruits, whole grains, dairy

and protein (Department of Health and Human Services, 2015). Americans should be mindful of their sodium, added sugar, saturated fat, and calorie intake. More focus is being placed on the prevention of disease with the latest dietary guidelines, rather than the treatment of disease (Bushman, 2016). The 2015 dietary guidelines have been set forth for all Americans in an effort to improve overall health. There are five guidelines, and several key recommendations listed in the latest dietary guidelines for Americans, they are (Department of Health and Human Services, 2015):

GUIDELINES

- Follow a healthy eating pattern across the lifespan
- Focus on variety, nutrient density, and amount.
- Limit calories from added sugars, saturated fats, and reduce sodium intake.
- Shift to healthier food and beverage choices.
- Support healthy eating patterns for all.

RECOMMENDATIONS

- Consume less than 10 percent of calories per day from added sugars
- Consume less than 10 percent of calories per day from saturated fats
- Consume less than 2,300 milligrams per day of sodium
- If alcohol is consumed, it should be consumed in moderation- up to one drink per day for women and up to two drinks per day for men- and only by adults of legal drinking age

The nutritional needs of adults and children vary, but can be met by following the recommendations put forth through the United States Department of Agriculture (USDA). A few great tools for families include the USDA's websites, <https://www.supertracker.usda.gov/>,

and <https://www.choosemyplate.gov>. Through these websites, parents can find information on appropriate portion sizes, meal planning on a budget, and activities to get them involved and interested in nutrition. An option that is available through the choosemyplate website, is the ability to input personal information and create an easy to follow checklist for individual daily nutritional requirements (a sample checklist is included in Appendix 1). There are nutritional checklists available for ages two and up. These checklists are easy to use, and break down each food group to the amount needed for a particular age and calorie range. Through the supertracker website, people can track their food intake, look up the nutritional value of different foods, create recipes and meal plans, and assess the nutritional quality of their diet. A sample meal plan that was created using supertracker is provided in Appendix 2. There is even an option to challenge others in supertracker to encourage physical activity and healthy eating. These resources are easy to use, and can be a great tool for helping families become more involved in the nutritional aspect of their diet.

When military families are relocating, they are often placed in temporary housing or a hotel until they can find their next house. There are things that military families can do while in transit to maintain healthy eating habits. Families can ask for rooms with a microwave and refrigerator, enabling them to have more healthy options on hand. Many frozen foods are available in steamer bags that can be cooked in the microwave. These steamer bags are extremely helpful for families living in hotels because they eliminate the need for additional dishes. Many military families travel with crock pots or insta-pots, so that they can prepare meals right in their room. Families can also travel with a cooler chest that they fill with ice. The cooler chest would allow families to store more foods in their hotel room, since hotel refrigerators are usually quite small. Many Army installations have a loan closet, where families can borrow household items to use

while waiting for their personal items to arrive. When arriving at a new post, the loan closet may be a useful resource to help create balance and normalcy during a PCS transition. For those staying in a hotel until their permanent housing is found, the loan closet offers household items, and more specifically kitchen items, for use. Soldiers and their families may have the opportunity to use these resources to aid in preparing nutritious meals. Keeping healthy snacks on hand in the hotel room is also a great idea, so that when family members get hungry there is something available without having to dine out. Families could consider purchasing shelf stable items such as: canned fruits and vegetables, canned tuna, peanut butter, instant oatmeal, whole grain cereals, etc. Choosing single serve dairy items, like string cheese and individual yogurt, allows families to still consume these items, without worrying about them taking up too much room in the refrigerator or going bad. Salad bags, baby carrots, mini peppers, apples, bananas, oranges, and whole grain bread and rolls are some examples of easy things that families can keep on hand in their hotel room as healthy options. Families should strive to maintain their current diet routine while in transit, to the best of their abilities. Using the MyPlate recommendations can help keep families on track. MyPlate recommends making one half of the plate fruits and vegetables, consume half of the daily carbohydrate intake as whole grains, choose lean proteins, low-fat dairy, and use healthy fats in diets (“Choose My Plate”, n.d.).

During a PCS, there will be times when families are not able to make it to a grocery store and purchase healthy food. There are a few suggestions found in the Army performance guide that can help people make healthier choices when they are eating outside of their homes.

SUGGESTIONS

- Choose sandwiches with < 300 calories (skip the mayonnaise or substitute mustard for mayonnaise)

- Choose entrees with < 500 calories
- Look for menu items designated as healthier
- At Military Welfare and Recreational facilities look for the “Better for You” logo
- Substitute a side-salad with low fat dressing, fresh fruit or baked potato in place of French fries or onion rings
- Drink water instead of a sugary beverage (regular soda, sweetened tea, fruit punch, etc.)
- Order a kids’ meal rather than a “value meal” with “light” lemonade, white milk, or ice-water
- Stop when are satisfied, take leftovers home and put in fridge

A recent study has shown that parental involvement in nutrition is an indicator in childhood obesity. This study also showed that the healthiness of food available at home was directly associated with healthy dining behaviors while eating out (Shier, Nicosia, & Datar, 2015). Parents that provide their children with healthy options and meals at home, are teaching their kids the importance of a healthy diet, which can have a lifelong impact. As Army families embark on a PCS and changes to the food environment are being made, parents should continue to monitor and guide the eating habits of their children.

Health.

The human body requires good nutrition and regular exercise. There are several health benefits associated with regular physical activity. Along with nutritional information, the website <https://www.choosemyplate.gov> offers information and tips on physical activity. Being physically active can help increase the chance of a longer life, help one feel better about themselves and feel less depressed, help to sleep well at night, have stronger muscles and bones, and maintain a healthy weight (“Choose My Plate”, n.d.). Families can even use the

supertracker website listed above to easily track their physical activity, set goals, and make a list of favorite activities. The Office of Disease Prevention and Health Promotion also offers some excellent tips in their physical activity guidelines, including (Office of Disease Prevention and Health Promotion, 2017):

GUIDELINES

- Regular physical activity reduces the risk of many health outcomes.
- Some physical activity is better than none.
- For most health outcomes, additional benefits occur as the amount of physical activity increases through higher intensity, greater frequency, and/or longer duration.
- Most health benefits occur with at least 150 minutes a week of moderate intensity physical activity, such as brisk walking. Additional benefits occur with more physical activity.
- Both aerobic (endurance) and muscle-strengthening (resistance) physical activity are beneficial.
- It is important to encourage young people to participate in physical activities that are appropriate for their age, that are enjoyable, and that offer variety.
- Children and adolescents should do 60 minutes or more of physical activity daily.

The Army suggests that family members start with these three goals for the activity component of the triad:

1. Take 10,000 steps + 5,000 additional steps per day. Moving during the day, in addition to physical training is necessary to lower the risk of cardiovascular disease and other health conditions. It can be as simple as taking a walk break, standing up to stretch, or taking the

long route to the restroom at work. Walking 10-15 minutes every hour increases the blood flow, burns calories and helps to maintain a healthy weight.

2. Do at least 150 minutes per week of moderate aerobic activity + 75 minutes per week of vigorous aerobic exercise. Moderate activities include brisk walking, light jogging, hiking, light cycling, gardening, grass mowing, school yard games like tag, swings, monkey bars, and slides. Vigorous training includes running, hiking uphill, fast swimming, heavy weight training, heavy outdoor work, competitive sports like soccer, flag football, basketball, and wrestling. The guide suggests on weeks where time is a concern, 75 minutes of vigorous activity can be substituted for the 150 minutes of moderate exercise. The guide further warns to be cautious of doubling the 75 minutes too often, as this might lead to an overuse injury.

3. Do 2-3 sessions per week of total body strength training + 1 day or more of agility training. The guide offers several tips and strategies for developing a strength training program. They suggest 7 essential exercises for strength:

- a. Push – pushups and bench press
- b. Pull – rowing and carrying
- c. Vertical Push – pike push up and overhead press
- d. Vertical Pull – pull ups
- e. Squat – dumbbell squat and body weight squat
- f. Lunge – Bulgarian and standard deadlift
- g. Core – side plank, v-up, bridge and supine twist

It is important to remember that children and adolescents also have physical activity requirements. With childhood obesity on the rise, it is more important than ever to get children active. While a military family is transitioning to a new location, making time for children and

adolescents to engage in physical activity can have positive results. Getting children involved in extracurricular activities at a new installation will not only help active physical activity requirements, but it will help children adjust and make new friends. Children ages 6-17 need at least:

- 60 minutes of moderate to vigorous physical activity each day
- 11,000 steps for girls and 13,000 steps for boys each day
- 3 days of muscle strengthening activity per week

Some suggestions that the Total Family Challenge offers to help get children to increase activity include:

- Reduce screen time
- Take a family walk after dinner
- Play at the park or go for a family bike ride or hike
- Explore opportunities to learn a new activity such as martial arts, yoga or dance

Physical activity has also been linked to reduced stress levels. A recent survey conducted by Stress in America™ showed that over two-thirds of adult respondents experienced symptoms of stress, such as fatigue, irritability or anger, or changes in sleeping habits. (Zwan, Vente, Huizink, Bögels, & Bruin, 2015). A research review was conducted to identify intervention techniques that could be used by a majority of people, which was inexpensive with little to no side effects. One intervention technique that met those criteria was physical activity (Zwan, et al., 2015). Participants in this study completed 20 minutes of physical activity a day, in order to help manage their stress. Participants were able to choose the type of activity, whether a supervised class at their local gym, or individual unsupervised activity on their own. Participants

in this program saw a significant decrease in their stress. Military families on the move should take time each day for physical activity if they are feeling stressed.

Another study conducted research on the effects of the environment, or where the physical activity took place, and the impact on mental health. The research concluded that there is a strong “relation of positive health perception, affect and tension levels with inclusion of outdoor physical activity regimen.” (Puett, Teas, España-Romero, Artero, Lee, Baruth, Xuemei, Montresor-Lopez, & Blair, 2014). The research also identified that there is stronger correlation of tension, stress, poor emotional outlook and overall health perception in women who only exercise indoors than there is men. (Puett, et al., 2014). This information suggests that military families should strive to exercise outside in order to help relieve stress. The research reaffirmed the importance of activity, regardless of the activity, “Tension, stress, emotional outlook and health perception were better compared with inactivity regardless of the activity environment; thus underscoring the importance of physical activity regardless of environment” (Puett, et al., 2014).

Engaging in stress management and reduction techniques can help promote good mental health. One research article suggested that physical activity, mindfulness meditation and heart rate variability biofeedback can all assist in reduction of stress and stress-related symptoms. Physical activity has already been addressed. (Zwan, et al., 2015). The research identified mindfulness meditation and heart rate variability biofeedback as effective, non-pharmacological methods of reducing stress and its related symptoms. (Zwan, et al., 2015) The Total Army Family Guide suggests military families take advantage of free apps for their phones or tablets to help them with these methods (United States Army Medical Command, 2015). The first is Mindfulness Coach, which the guide recommends users practice for 20 minutes a day to gain

positive results. The other two apps that apply to these methods are the Tactical Breather and Breathe2Relax programs. Both programs focus on diaphragmatic breathing to assist in gaining control over heart rate, emotions, concentration and other physiological and psychological responses during stressful situation. (United States Army Medical Command, 2015).

Family Studies.

Military families are regularly exposed to stressors due to: relocations, deployments, and the frequency of changes in lifestyle (Russo & Fallon, 2016). The way that families cope with and handle stressful situations is unique to each family. Stress has the ability to wreak havoc on our minds and bodies. Stress can be felt as an individual, and as a family. This is especially true during PCS times. Family stress has been defined as “an upset in the steady state of the family system” (Blaisure, Saathoff-Wells, Pereira, Wadsworth, & Dombro, 2012). When discussing family resilience, the family as a system needs to be evaluated. According to Bowen’s family system theory, the family is an emotional unit and members are connected emotionally. A change in the function of one family member is followed by changes in functioning of other family members (Kerr, 2000). This can be seen in times of stress, such as during a PCS. As a stressful situation arises, how family members handle the situation has a direct impact on all members of the family. As families encounter stressful situations, focus needs to be placed on maintaining the balance between the family and individual family members, as well as between the family and the community (Patterson, 2002). While transitioning during a PCS, families encounter a complete change to the state of their family system. Routines are thrown out of balance, and changes are constantly occurring. Successful family resilience can be seen when families remain close together, and have established rules, guidelines, and roles. As parents take the time to communicate with their children, prepare and reassure them of the changes to come,

and are emotionally supportive during these stressful time, children are more likely to be well adjusted (Osofsky & Chartrand, 2013). While Army families undergoing a PCS may feel that there isn't much within their control, they can take an active part in their own lives. Recent studies have shown that parenting practices impact children's resilience to stressful situations, and effective parenting may serve to buffer children from stress and promote positive adjustment (Piehler, Ausherbauer, Gerwitz, & Gliske, 2016).

Resiliency in military family members is influenced by the interaction of stressful situations and the quality of adaptation to a military lifestyle (Russo & Fallon, 2016). Families can adapt to stress by creating good supports and resources on both an individual and family level. Knowledge and self-esteem work on an individual level, while cohesion, communication, and adaptability work on a family level (Russo & Fallon, 2016). Social networks found within extended family and friends, schools, and the community, can also be helpful during these stressful times. A supportive military environment can alleviate some of the stressors associated with moving by connecting children with peers who have experienced similar situations (Clever & Segal, 2013). In a study concerning military youth, resiliency was evaluated. Researchers found that resiliency isn't a personal trait, but rather a product of the relationships surrounding the youth and resources around them (Easterbrooks, Ginsburg, & Lerner, 2013). Developing strong family relationships and roles, along with finding community support during PCS, is a way to foster resiliency in military youth. It is also important to note that adaptation and coping is a never ending process, because families are always changing and growing (Russo & Fallon, 2016). As situations within families change, roles and relationships need to be evaluated and adjusted in order to meet these new challenges. Children can be given new, or more,

responsibilities within the home in order to foster self-confidence and personal growth during these times (Easterbrooks, et al., 2013).

In response to the increasing need for family resilience, the Army has adopted different programs at various military bases. These programs focus on strengthening families, helping families adapt to new situations, and develop resiliency skills. Families Overcoming Under Stress, or FOCUS, is a relatively new preventative intervention program that is designed to help military families strengthen their resiliency skills. FOCUS is designed to teach practical, empirically tested resiliency skills that will help military families meet the challenges of their lives (Kudler & Porter, 2013). The FOCUS program includes components in family and child development, promotion of co-parenting, deployment resources and timelines, and links to additional services and resources (Blaisure, et al., 2012). By using this program, evaluations have shown improvements in psychological health and family adjustment (Kudler & Porter, 2013). This program helps to detect stressors in military families, and offers resources to help combat stress in healthy, positive ways.

It is important to know what resources are available as military families embark on a PCS. At each Army base, there is an Army Community Service Center (ACS). The ACS is always a good place to start in order to learn more about a particular installation. Each ACS has full time dedicated staff to help identify the right resources for individual families. Some resources available at the ACS include activities, community phone numbers, WIC, and financial counseling. Another resource that can be used is the Family Readiness Group (FRG). The purpose of the FRG is to “provide a structure and forum for service members and their families to provide social and emotional support and outreach services and to distribute information to each other” (Blaisure, et al., 2012). Each unit on an installation will have a FRG that consist of

service members that work together, and their family members. The FRG is a great place for new families to meet others, and gain first-hand knowledge about the installation and surrounding area. The FRG has many goals, some of which include: foster resilient families, provide mutual support, and educate family members about their benefits and entitlements (Blaisure, et al., 2012).








Conclusion


When General Raymond T. Odierno was sworn in as the 38th Chief of Staff of the Army, he offered some advice in his initial thoughts "...The strength of our Army is our Soldiers; the strength of our Soldiers is our Families. This is what makes us Army Strong" (United States Army, 2011). As demands on the military increase with numerous conflicts worldwide, it is important to remember that what strengthens soldiers is their families. As Army families strive to make sure they are maintaining wellness and resiliency during PCS, these families can provide the much needed strength to their soldiers.

Appendix 1

MyPlate Daily Checklist

Write down the foods you ate today and track your daily MyPlate, MyWins!

Food group targets for a 2,000 calorie* pattern are:	Write your food choices for each food group	Did you reach your target?	
 <p>Fruits 2 cups 1 cup of fruits counts as • 1 cup raw or cooked fruit; or • 1/2 cup dried fruit; or • 1 cup 100% fruit juice.</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Y</p> <p><input type="checkbox"/> N</p>	 <p>Limit:</p> <ul style="list-style-type: none"> • Sodium to 2,300 milligrams a day. • Saturated fat to 22 grams a day. • Added sugars to 50 grams a day.
 <p>Vegetables 2 1/2 cups 1 cup vegetables counts as • 1 cup raw or cooked vegetables; or • 2 cups leafy salad greens; or • 1 cup 100% vegetable juice.</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Y</p> <p><input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>
 <p>Grains 6 ounce equivalents 1 ounce of grains counts as • 1 slice bread; or • 1 ounce ready-to-eat cereal; or • 1/2 cup cooked rice, pasta, or cereal.</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Y</p> <p><input type="checkbox"/> N</p>	 <p>Activity Be active your way: Adults: • Be physically active at least 2 1/2 hours per week.</p>
 <p>Protein 5 1/2 ounce equivalents 1 ounce of protein counts as • 1 ounce lean meat, poultry, or seafood; or • 1 egg; or • 1 Tbsp peanut butter; or • 1/4 cup cooked beans or peas; or • 1/2 ounce nuts or seeds.</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Y</p> <p><input type="checkbox"/> N</p>	<p>Children 6 to 17 years old: • Move at least 60 minutes every day.</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N</p>
 <p>Dairy 3 cups 1 cup of dairy counts as • 1 cup milk; or • 1 cup yogurt; or • 1 cup fortified soy beverage; or • 1 1/2 ounces natural cheese or 2 ounces processed cheese.</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Y</p> <p><input type="checkbox"/> N</p>	<p>* This 2,000 calorie pattern is only an estimate of your needs. Monitor your body weight and adjust your calories if needed.</p>

 **Track your MyPlate, MyWins**

Appendix 2

Date	Breakfast	Lunch	Dinner	Snacks
04/03/17	<ul style="list-style-type: none"> ■ 1 medium (7" to 7-7/8" long) Banana, raw ■ 1 packet, prepared Oatmeal, instant, plain, cooked (no fat added) ■ 1 container (8 oz) Yogurt, vanilla, fat free 	<ul style="list-style-type: none"> ■ 2 regular slice Bread, 100% whole wheat ■ 8 baby carrot(s) Carrot, baby ■ 1 packet Mustard ■ 1 single serving bag (1.1 oz) Potato chips, restructured, baked (Baked Lay's) ■ 1 slice (1 oz) Provolone cheese ■ 1 cup, whole Strawberries, raw ■ 2 slice (1 oz) Turkey or chicken breast, luncheon meat, prepackaged or deli, low salt (low sodium) 	<ul style="list-style-type: none"> ■ 1 cup, flowerets Broccoli, frozen, cooked (no salt or fat added) ■ 1 medium breast Chicken, breast, boneless, skinless, baked ■ 1 cup Milk, fat free (skim) ■ ½ cup Peaches, cooked or canned, drained solids ■ 1 medium roll (2-1/2" across) Roll, 100% whole wheat 	<ul style="list-style-type: none"> ■ 2 large stalk (11" - 12" long) Celery, raw ■ 1 tablespoon Peanut butter, unsalted (low sodium) ■ 1 single serving bag (1 oz) Pretzel, hard, unsalted ■ 1 slice (1 oz) String cheese, part skim

References

- Blaisure, K. R., Saathoff-Wells, T., Pereira, A., Wadsworth, S. M., & Dombro, A. L. (2012). *Serving Military Families in the 21st Century*. New York: Routledge.
- Bushman, B. A. (2016). Understanding and Using the Dietary Guidelines for Americans. *American College of Sports Medicine Health & Fitness Journal*, 21(1) pp.4-8.
- Choose MyPlate. (n.d.). Retrieved March 03, 2017, from <https://www.choosemyplate.gov/>
- Clever, M., & Segal, D.R. (2013). The demographics of military children and families. *The Future of Children*, 23(2), 13-39. doi:10.1353/foc.2013.0018
- Department of Health and Human Services. (2015). Dietary Guidelines 2015-2020. Retrieved from Health: <https://health.gov/dietaryguidelines/2015/guidelines/>
- Easterbrooks, A., Ginsburg, K., & Lerner, M. (2013). Resilience among military youth. *The Future of Children*, 23(2), pp. 99-120. doi:10.1353/foc.2013.0014
- Kerr, M. E. (2000). One Family's Story: A Primer on Bowen Theory. Retrieved from <http://www.thebowencenter.org/>
- Kudler, H., & Porter, R. I. (2013, Fall). Building Communities of Care for Military Children and Families. *Future of Children*, pp. 163-185.
- Office of Disease Prevention and Health Promotion. (2014). Healthy People. Retrieved from <https://www.healthypeople.gov/>
- Office of Disease Prevention and Health Promotion. (2017, February). Physical Activity Guidelines. Retrieved from Health: <https://health.gov/paguidelines/guidelines/summary>
- Osofsky, J. D., & Chartrand, M. M. (2013, Fall). Military Children from Birth to Five Years. *Future of Children*, pp. 61-77.

Patterson, J. (2002). Integrating Family Resilience and Family Stress Theory. *Journal of Marriage and Family*, 64(2), pp. 349-360.

Piehler, T., Ausherbauer, K., Gerwitz, A., & Gliske, K. (2016). Improving child peer adjustment in military families through parent training: The mediational role of parental locus of control. *The Journal of Early Adolescence*, doi:10.1177/0272431616678990

Puett, R., Teas, J., España-Romero, V., Artero, E., Lee, D., Baruth, M., Xuemei, S., Montessor-Lopez, J., & Blair, S. Maryland Institute for Applied Environmental Health, University of Maryland, College Park, MD. (2014). Physical activity: Does environment make a difference for tension, stress, emotional outlook, and perceptions of health status? *Journal of Physical Activity & Health*, 11(8), pp. 1503-1511. doi:10.1123/jpah.2012-0375

Russo, T. J., & Fallon, M. A. (2016). Coping with Stress: Supporting the Needs of Military Families and Their Children. *Early Childhood Education Journal*, 43(5), pp. 407-416.

SuperTracker: My Foods. My Fitness. My Health. (2017). Retrieved from <http://supertracker.usda.gov/>.

United States Army. (2011, September 8). Initial Thoughts from General Ray Odierno – 38th Chief of Staff of the Army. Retrieved from Army Live: <http://armylive.dodlive.mil/index.php/2011/09/initial-thoughts-from-general-ray-odierno-38th-chief-of-staff-of-the-army/>

United States Army. (2013, November 13). Family Resilience Training Program. Retrieved from Stand-To The Official Focus of the U.S. Army: <https://www.army.mil/standto/>

United States Army, Army Publishing Directorate. (2012). *Reassignment* (pp. 7-8). Washington, D.C.: United States Army.

United States Army Medical Command. (2015, April). Performance Triad The Total Army Family Challenge. Retrieved from U.S. Army Public Health Center:

<https://usaphcapps.amedd.army.mil/hioshoppingcart/viewItem.aspx?id=696>

Vergun, D. (2013, June 3). Soldiers to see fewer PCS moves. Retrieved March 21, 2017, from

<https://www.army.mil/article/104647>

Zwan, J., Vente, W., Huizink, A., Bögels, S., & Bruin, E. (2015). Physical activity, mindfulness meditation, or heart rate variability biofeedback for stress reduction: A randomized controlled trial. *Applied Psychophysiology and Biofeedback*, 40(4), pp. 257-268.

doi:10.1007/s10484-015-9293-x