

*In MLA use a traditional font type (i.e. Times New Roman or Arial), either 10 or 12 font size and double space the entire document

Sample MLA Paper ← Title

*Center the title page information from top to bottom and left to right

Ivy Tech College Librarians ← Author
Instructor's Name ← Instructor's Name

Course XXX-XX ← Course and number
18 February 2004 ← Due Date

In MLA some instructors may want a separate title page while others may want that information at the top left-hand corner of the first page yet others may want both—check with your instructor

Ivy Tech College Librarians
Instructor's Name
Course XXX-XX
18 February 2004

Center the title on the first page of the text. Note that it is in the same font size as the paper itself and there is no bold print, etc

The header, which is an abbreviated title, and page number start on the first page of the text of the paper

Sample MLA Paper

Subject headings may be used if they fit with the style of the paper

Introduction

Approximately 14 million women in the United States are battling with the disease Anorexia Nervosa, AN, which is described as “one of the least understood and most intractable of all mental illnesses” (Schindehette et al. 136). Many of the victims of this disease will battle it for the rest of their lives.

*In MLA set the margins to one inch

However, if AN is diagnosed early, during the teen years, it is possible to cure it with appropriate treatment (Cooper 107). Therefore, adolescent women struggling with AN need effective treatment, and today, after four decades of research, there is an increasing number of treatment options ranging from counseling, to nutritional therapy, to medication. Yet, some researchers and victims still advocate that there is a need for further research in this area (Kaplan 236; Hendricks 67-80).

When more than three individuals author, cite the first author's last name and refer to the others as *et al*

When doing an in-text citation, cite the author's last name and the page number

Example of citing two authors; separate each with a semi-colon

Treatments

Upon recognizing symptoms, such as strict dieting, weight loss, binge eating or fasting, feeling dizzy, weak, and/or depressed, in addition to insomnia, family members should seek out the advice of a health care provider. The health care provider will take a complete medical history as well as do a physical examination (Cooper 107). After this process is complete, then the doctor can

begin treating the patient with AN, which may include referrals to specialists in counseling, nutrition and other medical fields.

Counseling

One of the more traditional forms of treatment is counseling, which is also referred to as psychotherapy. The goal of psychotherapy is to work with the patient so that through therapy she will be able to control her eating and maintain her body weight. There are two primary types of psychotherapy, and they are individual therapy and family therapy.

Individual Therapy

Individual therapy counsels one on one with the patient. Sometimes there is a team of medical specialists, yet the therapy sessions are between the patient and her doctor(s). This type of therapy has mixed results. According to an article in the *Journal of the American Academy of Child and Adolescent Psychiatry*, individual therapy is superior when used in treating older adolescents and those who have late-onset AN (Robin et al. 1482), and *The American Journal of Psychiatry* concurs with this finding (Pike et al. 2046). However, both articles' findings state that individual therapy is not the best treatment for young adolescents or those with early-onset AN.

Family Therapy

While individual therapy does not work well with young adolescents or patients with early-onset AN, family therapy seems to have made significant strides in treating this group of patients. In fact the *Canadian Journal of Psychiatry* stated, "without the involvement of the parents and family as

therapeutic allies, weight gain is extremely difficult to achieve” (Geist et al. 177). Family therapy may not only employ the assistance of parents and other family members, it can also call on schools and friends as part of the treatment strategy.

One such strategy is a program called the Maudsley Method. This radically new treatment option was developed in the 1980’s at the Institute of Psychiatry and Maudsley Hospital in London. This method “coaches parents to help their kids gain weight by whatever means necessary—by preparing their favorite foods, with 24-hour monitoring to prevent purging and hours of cajoling at the dinner table” (Schindehette et al.136).

An example of how involved the parents are in this treatment is seen in Abbie’s story. Abbie, at her low point, weighed only 68 pounds at 17 years old. Usually dinner was a struggle for the entire family as Abbie tried almost anything to avoid food. She would literally squeeze butter out of toast and wipe it on her hands like lotion; all so she could keep away from putting anything with caloric content into her mouth. Then Abbie’s parents learned of the Maudsley Method and started her in it. Shortly after starting the program, her parents had her wearing white gloves to dinner. The objective was that the food went in its entirety into her mouth not on or under the table or massaged into her skin. The gloves were to be clean at the end of the meal. Her parents said, “If she slopped some milk on the table, she’d lick it up. She knew that, no matter what, she had to eat it all” (Schindehette et al. 136). Overall, in this family based therapy program the Maudsley Method, the parents are empowered to use food as

medicine and to go to extreme measures to ensure that the medicine stays in their patient.

Many studies report significantly greater success with family based therapy. People magazine reports that while the mortality rates for AN still average around 5 to 20 percent, the Maudsley Method is reporting success rates as high as 90 percent five years after treatment was initially sought. Other studies agree that family therapy is one of the best treatments for young adolescents and those with early-onset AN (Robin et al. 1482; Geist et al. 173).

Nutritional Therapy

While individual and family therapy are two of the more traditional methods of treating AN, nutritional therapy, which is called psychoeducational therapy, is also commonly used. The aim of psychoeducation is the process of giving information about the nature of the disease in hopes to cultivate behavioral and attitudinal changes in the patient. Furthermore, a study has reported that family based psychoeducation produces the same results as family therapy while costing less (Geist et al. 173). However, these results may not be replicated with a group of older adolescents (Pike et al. 2046).

Medication

Medication is another method used to treat AN. Using medication, pharmacological therapy, to treat AN also has some promising results. According to *European Child and Adolescent Psychiatry*, “recent evidence suggests a role for medication in the relapse prevention stage of the illness” (Kotler and Walsh 108). Medication is commonly used along with another form

of treatment, as are many of the treatments, too. This is referred to as a multidisciplinary approach. Pharmacological therapy uses medicines that help the patient reduce the fear of becoming fat, depression and anxiety as well as weight gain (Cooper 107).

Effectiveness of Treatment

While each of these treatments reports success in various groups or when combined with other treatments, there are still individuals who do not feel that the treatments are effective. One such person is Jennifer Hendricks who authored *Slim to None*, which is a book that chronicles her daily struggle with AN. Many times throughout the text Hendricks stated that she did not feel that the treatments she was receiving were of any benefit. Christopher Athas, President of the American Institute of Anorexia Nervosa, stated in the foreword of *Slim to None*, “There is a glaring inadequacy of the mental health system to treat and fully understand this disease” (ix). Eventually Jennifer lost her battle and died.

Note that no author is needed in this citation since the author was referenced in the sentence before the direct quote

The *Canadian Journal of Psychiatry* also states that there is a significant need to find “effective management that truly impacts on long-term outcome” (Kaplan 236).

Conclusion

Overall, there are a variety of treatments ranging from individual and family therapy, to nutritional counseling to medicine; however, after reading through the literature, there are still too many young women like Jennifer Hendricks who loose their battle with AN. Hopefully, the future will hold an increasing number of women who stories are similar to that of Abbie’s.

*For directions on how to format the references, please refer to the [Ivy Tech APA/MLA Citation Handbook](#)

Librarians 7

Works Cited

Cooper, Phyllis G. "Anorexia Nervosa." Clinical Reference Systems (2001) 176.

Geist, Rose, et al. "Comparison of Family Therapy and Family Group Psychoeducation." Canadian Journal of Psychiatry 45 (2000) 173-178.

Hendricks, Jennifer. Slim to None. McGraw-Hill, 2003.

Hester, Joan. "Never Say Die." British Medical Journal 326 (2003): 719. 8 September 2005 <<http://www.bmj.com/cgi/content/full/326/7391/719>>.

Kaplan, Allan. "Psychological Treatments for Anorexia Nervosa a Review of Published Studies and Promising New Directions." Canadian Journal of Psychiatry 47.3 Apr. 2002: 235-242. Health Source: Nursing/Academic Edition. EBSCO Publishing. Ivy Tech Community College Gary, IN. 8 September 2005 <<http://gary.libproxy.ivytech.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=hch&AN=6606157&site=ehost-live>>

Kotler, L. A., and B. T. Walsh. "Eating Disorders in Children and Adolescents: Pharmacological Therapies." European Child & Adolescent Psychiatry 9 (2000) 108-116.

Pike, Kathleen M., et al. "Cognitive Behavior Therapy in the Posthospitalization Treatment of Anorexia." The American Journal of Psychiatry 160. 11 Nov. 2003: 2046-2049. ProQuest. ProQuest Company. Ivy Tech community College Gary, IN. 8 September 2005 <<http://proquest.umi.com.gary.libproxy.ivytech.edu.allstate.libproxy.ivytech>

*Make sure to continue double spacing the references page

Note that the header and page numbers continue onto the references page

.edu/pqdweb?did=520916381&sid=1&Fmt=4&clientId=46099&RQT=309&
VName=PQD>

Robin, Arthur L., et al. "A Controlled Comparison of Family Versus Individual
Therapy for Adolescents with Anorexia Nervosa." Journal of the American
Academy of Child and Adolescent Psychiatry 38 (1999) 1482-1491.

Schindehette, Susan, et al. "Recipe for Life." People 15 Dec. 2003: 135-138.