

Running head: SAMPLE APA PAPER

The running head is now flush left in the header and is present on all pages of the paper.

1

Start the page numbers on the title page

Center this information from left to right in the upper half of the page

Sample APA Paper  
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Title  
Author  
College

\*In APA the preferred typeface is Times New Roman in 12 font size. Double space the entire document including the references page.

***Note: Students should also comply with documentation requirements and expectations set by individual instructors that supplement or depart from this sample paper. Examples include the Running head and information in addition to the Title, Byline and College, Sub-headings, and use of Abstract.***

\*Note: the words "Running head" appear only on the title page.

## Abstract

The abstract is the second page immediately after the title page. The term "Abstract" should be centered on the page without bolding, italics, etc. The running head continues throughout the paper and will appear top left. Abstracts vary in length but are typically between 150 to 250 words and represent a summary of the paper. It should be accurate and concise. The font size is the same as for the entire paper. The abstract should be one paragraph without indentation and double-spaced. Refer to the *Publication Manual of the American Psychological Association* for more detailed information.

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.

Sample APA Paper

Subject headings *may* be used if they fit with the style of the paper. Because the introduction is identified by its place in the paper, no separate heading is needed.

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, Sandler, Nelson and Seaman, 2003, p. 136). Many of the victims of this disease will battle it for the rest of their lives.

When doing an in-text citation for a direct quote, make sure to use the author, year published and the page number

However, if AN is diagnosed early, during the teen years, it is possible to cure it with appropriate treatment (Cooper, 2001). 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, 2002; Hendricks, 2003).

When doing an in-text citation for a paraphrase, only cite the author and year

**Treatments**

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

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, 2001). 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.

Level 1 headings are centered and in boldface. (chart, p. 62 APA Handbook)

**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.

Level 2 headings are flush left and in boldface

There are two primary types of psychotherapy, and they are individual therapy and family therapy.

Level 3 headings are indented, boldface and end with a period.

→ **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* (1999), individual therapy is superior when used in treating older adolescents and those who have late-onset AN (Robin et al.), and a 2003 publication in *The American Journal of Psychiatry* concurs with this finding (Pike, Walsh, Vitousek, Wilson and Bauer). ←

However, both articles' findings state that individual therapy is not the best treatment for young adolescents or those with early-onset AN.

Note: when there are six or more individual authors, cite the first author's last name and refer to the others as *et al*

The date is not given in these in-text citations since it is used in the sentence before the citation

**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, Heinmaa, Stephens, Davis and Katzman, 2000). 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

Spacing twice after punctuation marks at the end of a sentence aids readers of draft manuscripts

to prevent purging and hours of cajoling at the dinner table” (Schindehette et al., 2003, p. 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., 2003, p. 136). Overall, in this family based therapy program the Maudsley Method, the parents are empowered to use food as medicine and many studies report significantly greater success with family based therapy. People magazine (2003) 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., 1999; Geist et al., 2000).

### **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

\*In APA set the margins to one inch

Second and subsequent citations in text of three or more authors use first author last name and then et al.

Indent 5-7 spaces, or ½ inch. (p.229)

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., 2000). However, these results may not be replicated with a group of older adolescents (Pike, et al., 2003).

### **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, 2000). 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, 2001).

### **Discussion and Conclusion**

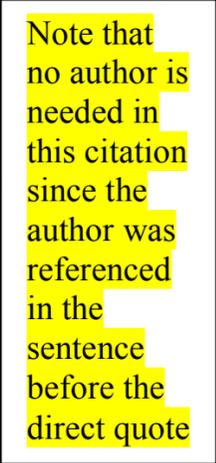
While each of these treatments reports success in various groups or when combined with other treatments, there are still individuals who do not feel that the treatments are effective. One such person is Jennifer Hendricks who authored *Slim to None*, which is a book that chronicles her daily struggle 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” (2003, p. ix).

Eventually Jennifer lost her battle and died.

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, 2002, p. 236).

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 lose their battle with AN. Hopefully, the future will hold an increasing number of women whose stories are similar to that of Abbie’s.



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

References

Cooper, P. G. (2001). Anorexia nervosa. *Clinical Reference Systems, 2001*, 107.

\*Geist, R., Heinmaa, M., Stephens, D., Davis, R., & Katzman, D. (2000, March).

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<http://allstate.libproxy.ivytech.edu/proxy.ivytech.edu/>

Hendricks, J. (2003). *Slim to none: A journey through the wasteland of anorexia treatment*. New York, NY: McGraw-Hill.

\*Hester, J. (2003, March). Never say die. *British Medical Journal, 326*(7391), 719.

doi:10.1136/bmj.326.7391.719

\*Kaplan, A. (2002, April). Psychological treatments for anorexia nervosa a review of published studies and promising new directions. *Canadian Journal of Psychiatry, 47*(3), 235-242.

\*Kotler, L. A., & Walsh, B. T. (2000). Eating disorders in children and adolescents: Pharmacological therapies. *European Child & Adolescent Psychiatry, 9*, 108-116.

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<http://allstate.libproxy.ivytech.edu/?url=http://search.ebscohost.com>

\*Pike, K. M., Walsh, B. T., Vitousek, K., Wilson, G. T., & Bauer, J. (2003, November).

Cognitive behavior therapy in the posthospitalization treatment of anorexia. *The American Journal of Psychiatry, 160* (11), 2046-2049.

doi:10.1176/.ajp.160.11.2046

In the reference list, show up to seven authors' names. With eight or more authors, give the first six names, three ellipses and then add the last author's name. (p. 184)

Note: the running head and page numbers continue onto the references page (s)

Robin, A. L., Siegel, P. T., Moye, A. W., Gilroy, M., Dennis, A. B., & Sikand, A. (1999, December). A controlled comparison of family versus individual therapy for adolescents with anorexia nervosa. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38(12), 1482-1491.

Even though the in text citation lists only the first author's last name, all six of the authors are shown on the references page.

\*Schindehette, S., Sandler, B., Nelson, M., & Seaman, D. (2003, December 15).

Recipe for life. *People*, 60(24), 135-138. Retrieved from

<http://allstate.libproxy.ivytech.edu/?url=http://search.ebscohost.com.gary.libproxy.ivytech.edu.allstate.libproxy.ivytech.edu/>

\*On the following page are alternate citation entries for the starred reference citations. You instructor may prefer that you use the database name and accession number for the library subscription databases. You must follow your instructor's wishes.

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(11768263)

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