

# Quantitative designs

Business



Attention deficiency disorder, ADD, is a subtype under attention-deficit hyperactivity disorder, ADHD. It is characterized by easy distractibility, inattention, procrastination, forgetfulness, and disorganization.

The disorder spans from childhood to adulthood in some cases and therefore the need to broaden the research scope to possibly find the possible solution to this disorder. It has affected the society in different ways in relation to the respective fields. Dedication is needed in this field while exploring and studying the professionalism of the field (Creswell, 2009). The research questions How can research in ADD contribute to effect social change? Impulse control case in conjunction to the excessive restlessness in-patient and then kept under control will be the starting point. Usually, in the person's inability to pause and meditate over whatever they are doing, resting distraction while working or being patient in lines or concentrating.

People with such characteristics tend to be at loggerheads with others and they also tend to be rude. Advancement of the society is slowed down due to the conflicts brought about by such behaviors. Finding the control through research will change the society as a result of the harmony ushered in. The following research questions will assist in narrowing the scope of my research field as I focus on the possible ways of controlling the problem. The gathered research will be in support of my judgment.

The use of " I " in my research questions will make them open ended thus for confirmatory research since they are quantitative in nature. Quasi-Experimental Design Nonequivalent (Pretest and Post-test) Control-Group Design1. Is there a link between behavioral therapy and ADD patients? I

could set up an experiment where I could find totally disorganized children who have been prescribed with stimulants and have not received any behavioral therapy. I could compare their levels of disorganization and use of stimulants with that of disorganized children prescribed with stimulants who are undergoing the behavioral therapy (Campbell & Stanley, 1996).

However, it could be quite tough to find the two groups with their difference being the behavioral therapy which could bring about an *ex post facto*. Under this experiment, pretest data might be absent in conjunction to limited participants, this could lead to administration of pre/post-test after the confounded results from the experiment's facts.

It is unethical to cause manipulation of medication directly (Elmes, Kantowitz, and Roediger, 1999). Therefore, the experiment will be the best suited since it follows a general form of observation-treatment-observation confirming that it is not under experiment control to bring aftermath effects. True Experimental design Pretest-Posttest Control-Group Design<sup>2</sup>. Is behavioral therapy the best way to treat ADD patients under the stimulant medication? Random assignment is the obvious difference between the two experimental designs (Martyn, 2008). Under this design, disorganized children are administered the Becks Inventory Scale first before dividing them into two groups: the first group could be administered with behavioral therapy for two weeks in five months while the other group does not receive it.

All the children could be tested under the Becks Inventory Scale after the five months. The children who were offered behavioral therapy would be solicited to be offered the therapy to create an experimental and controlled

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group. The variables that confound these experiments include the other medication that had been taken before the stimulants, inconsistent use of medication, and patient seeking self help. The treatments, experience of the participants, and experimental procedures threaten the drawing of correct inferences by the researcher from the experimental data. External validity threats, construct validity, and conclusion validity are the possible threats to the experiment too.