

**Rappresentazioni e atteggiamenti degli insegnanti verso le diagnosi di DSA:
costruzione e validazione preliminare di un questionario**

**Teachers' representations and attitudes towards SLD diagnoses:
Construction and preliminary validation of a questionnaire**

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Riassunto

Questo lavoro presenta un questionario sviluppato per raccogliere ed esplorare le rappresentazioni e gli atteggiamenti degli insegnanti rispetto al recente e considerevole aumento di diagnosi di Disturbi Specifici dell'Apprendimento (DSA) nelle scuole italiane. Il questionario Rappresentazione e Atteggiamenti rispetto ai DSA (RADSA) è stato elaborato sulla base della letteratura di riferimento e di 11 focus group con 92 insegnanti italiani di scuola primaria (96.7% femmine, età $M = 47.2$ anni, $DS = 8.8$). I trascritti dei focus group sono stati analizzati con il software T-LAB (Lancia 2012, 2018) e i contenuti sono stati convertiti in item per il questionario. Successivamente, è stata condotta un'analisi fattoriale esplorativa (con rotazione Direct Oblimin) sulle risposte di 111 insegnanti italiani di scuola primaria, per la maggior parte femmine (94.6%), che hanno partecipato alla seconda fase dello studio. Il range di età di questo secondo campione era compreso tra i 25 e i 63 anni ($M = 46.1$, $DS = 9.34$), con una media di 20.18 anni di insegnamento ($DS = 11.49$).

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Il questionario RADSA, grazie ai suoi 62 item, divisi in 12 sottoscale, è risultato capace di riflettere la complessità dell'argomento e rappresenta uno strumento di valutazione mirato ad esplorare gli atteggiamenti di insegnanti ed educatori verso la diagnosi di DSA, specialmente quelli che possono minare la qualità della relazione alunno-insegnante. Siccome il RADSA è in grado di identificare le principali rappresentazioni personali riguardanti gli alunni con DSA, si possono progettare interventi mirati per uno specifico contesto educativo, basandoli sui risultati ottenuti dalla sua somministrazione.

Parole Chiave: Disturbi Specifici dell'Apprendimento, incremento diagnosi, insegnanti, atteggiamento, medicalizzazione, questionario RADSA

Abstract

This work presents a questionnaire developed to gather and explore teachers' attitudes and representations in respect to the recent considerable increase of Specific Learning Disability (SLD) diagnoses in Italian schools. The RADSA questionnaire (acronym including the Italian equivalent of SLD: "DSA") has been constructed on the basis of the reference literature and of 11 focus groups with 92 Italian primary school teachers (96.7% females, age $M = 47.2$ years, $SD = 8.8$). Transcripts of focus groups have been analyzed with T-Lab software (Lancia 2012, 2018) and contents have been converted in questionnaire items. Subsequently, Exploratory Factor Analysis (EFA – Direct Oblimin rotation) was conducted on the responses of 111 Italian primary school teachers, mostly females (94.6%), who participated in the second phase of the study. The age range of this second sample was from 25 to 63 years ($M = 46.1$, $SD = 9.34$), with a mean length service of 20.18 ($SD = 11.49$).

RADSA questionnaire, thanks to its 62 items loading on 12 subscales, resulted capable of reflecting the complexity of the topic. It represents an assessment tool aimed at exploring teachers' and educators' attitudes towards SLD diagnosis, especially those representations that can undermine the quality of teacher-student relationship. Since RADSA can identify the main attitudes concerning pupils with an SLD diagnosis, intervention targeted on a specific educational context can be designed on the basis of the results obtained from its administration.

Keywords: Specific Learning Disabilities, diagnoses increase, teachers, attitude, medicalization, RADSA questionnaire

Introduction

In recent years, it has been observed a considerable increase of Specific Learning Disabilities (SLD) in the Italian school system: in school year 2010/2011, the incidence of SLD diagnoses was estimated equal to .9% and reached the 2.9% in 2016/2017 (MIUR, 2011, 2018). It has been hypothesized that such increase may be due to a greater cognizance of SLD (MIUR, 2011, p. 3), but most of all it would be due to the approval of Law 170/10 “New rules on specific learning disorders in schools”. This law promoted awareness and an assumption of responsibility by schools and teachers (MIUR, 2018). Nonetheless, it has been argued that the recent epidemic of SLD pertaining to Italian schools may also include false positives, meant as those cases that fall within SLD test parameters, but for which learning difficulties (e.g., reading difficulties) are not attributable to the actual neurobiological disorder (e.g., Dyslexia), but to other environmental factors (Zappella, 2017). Besides, problematic aspects of diagnosis process, in particular in respect of Dyslexia, have been highlighted in terms of the difficulty in individuating commonly accepted criteria that can help to distinguish the condition of Dyslexia from the condition of being simple “poor readers” (Elliott and Grigorenko, 2014; Pumfrey and Reason, 2013; Ramus, 2014). Hugo Kerr (2001) encountered confusion and uncertainty about Dyslexia definition, its causes and its very existence in results of a preliminary study involving ABE (Adult Basic Education) teachers as respondents. There are also other issues concerning the increase of SLD diagnoses and Special Educational Needs (SEN) labelling that have been problematized in the literature. First of all, the very linguistic act of naming a situation with specialized terms such as SLD or SEN introduced in school a pathographic perspective (Annaloro, 2015). The risk would be the replacement of the educational action with a diagnostic, clinical and therapeutic attitude, thus leading to a medicalizing tendency belonging also to the wider social context (Goussot, 2015). Beyond that, the exponential increase of diagnoses itself would reflect the fact that SLDs represent a real emergency in the context of developmental psychology (Gandolfi, 2018). The same situation seems to be present in the USA, where pupils with an SLD diagnosis would represent “the most common category of children identified and served by the public schools” (Pullen et al., 2017, p. 286). The possible problems of socialization with the peer group due to the presence of the diagnosis (Lampugnani, 2017), the attitude and role of parents towards the diagnosis (Griffiths et al., 2004; Mehta, 2011; Riddick, 1995)

and the risk of teacher's "learned helplessness" (Gwernan-Jones and Burden, 2010; Kerr, 2001) are other elements that should deserve attention in dealing with the topic of SLD diagnoses increase.

Given the variety of these issues, it results of great interest to explore teachers' perspective – in terms of attitudes and representations – on these matters. In fact, it is worth wondering if the recent considerable increase of SLD diagnoses, and the great variety of considerations that accompanied it, left teachers and educators perplexed or uncertain in taking a clear stance in the face of this phenomenon. Since teacher's attitudes towards Dyslexia – and SLDs in general – is central (Kerr, 2001; Lampugnani, 2017) and the relationship between pupil and teacher is a key element to support the process of teaching and learning (Author, 2019; Pianta, 1999), it seems useful to explore what kind of personal representation can influence teachers' educational attitude when dealing with a pupil having an SLD diagnosis. Several authors have already claimed the need to approach the problem taking into consideration also the social and emotional aspects of the SLD diagnosis with an interdisciplinary approach (Gibbs and Elliott, 2008; Gibson and Kendall, 2010; Lampugnani, 2017; Pumfrey and Reason, 2013; Riddick, 1995). Moreover, low academic performance, learning problems, distraction or disruptive behavior have been associated to difficulties in the educational relationship (Baker 2006; Brendgen et al., 2006, 2007; Longobardi et al., 2009; Nesbit and Philpott, 2002), but only few studies focused both on SLDs and on such relationship in early schooling years (Pasta et al., 2013). This fact is surprising if considered that a successful inclusion of pupils with an SLD diagnosis depends mostly on the teacher, therefore, more attention should be drawn to the impact of teachers' attitudes concerning pupils with SLD (Woodcock & Vialle, 2016). RADSA questionnaire was developed to help filling this gap, since it represents an attempt to account for the complexity of representations and attitudes of primary school teachers in respect to SLDs.

Methodology

The creation of RADSA questionnaire was structured in two phases: focus groups and pilot study. In the first phase of focus groups, teachers were asked to discuss together on the basis of four textual stimuli. The situations and information described in the textual stimuli have been elaborated from the main issues discussed in the introduction and outlined in the following list:

- Increase of SLD diagnoses (Gibbs and Elliott, 2008; Lampugnani, 2017; MIUR, 2011, 2015, 2018; Zappella, 2017);

- Problems with Peer group as a consequence of the SLD diagnosis (Lampugnani, 2017);
- Parents' attitude towards SLD diagnosis (Burden and Burdett, 2005; Griffiths et al., 2004; Riddick, 1995);
- Teacher's "learned helplessness" as a consequence of the SLD diagnosis (Gwernan-Jones and Burden, 2010; Kerr, 2001).

About 30 minutes have been dedicated to each topic, for a total duration of two hours for each session. Focus groups have been transcribed and then analyzed with the T-LAB software for thematic analysis (Lancia, 2012, 2018), which allows significantly recurring topics to emerge from the text through an inductive approach.

In the second phase of pilot study, each main topic proposed to focus groups participants has been treated as a separate section and associated with items developed on the basis of the themes emerged in T-LAB outputs and following item constructions rules (Chiorri, 2011). The questionnaire finally proposed to the validation sample was composed by 120 items, with a 4-point Likert scale response set based on agreement (1 = "Fully disagree"; 2 = "Slightly agree"; 3 = "Agree"; 4 = "Fully agree") and it requested approximately 30 minutes for its completion. The procedure of elaborating a questionnaire on the basis of the contents emerged in focus groups was inspired by the work of Simona Caravita and Sarah Miragoli (2007).

Participants

During first phase, 11 focus groups have been conducted with a total of 92 Italian primary school teachers and a mean of eight participants for each group. Focus groups have been moderated by a psychologist; one focus group took place at the University, whereas the remaining 10 group sessions have been hosted by teachers' primary schools. Participating teachers were mostly females (96.7%), whereas male teachers represented only the 3.3%. "Curricular teachers" (i.e., regular teacher of a certain subject) represented the 81.5% of focus groups participants, the 16.3% was the proportion of teaching assistants and the remaining 2.2% were project representatives. Age range was from 25 to 62 years ($M = 47.2$, $SD = 8.8$), the mean of teaching hours per week was 21.6 ($SD = 5.97$), while the length of service resulted in a mean of 22.1 years ($SD = 11.1$).

In second phase, RADSA questionnaire was administered through an online survey platform to 111 Italian primary school teachers. The age range of this validation sample was from 25 to 63 years ($M = 46.1$, $SD = 9.3$), the length of service calculated in years resulted in a mean of 20.18

($SD = 11.49$), and the mean of teaching hours per week was 21.33 ($SD = 3.38$). The validation sample was composed mainly by females (94.6%) and the totality of participants was divided in “curricular teachers” (94.6%) and teaching assistants (19.8%). Fifty-six percent of the sample held an upper secondary school qualification, 4.5% held a “University Diploma” (qualification established by Law 341/90, no longer in force), 6.3% a bachelor’s degree, 24.3% a master’s degree and, finally, 8.1% held a post-master’s qualification.

In both phases, participants have been informed about the objectives and procedures of the research, as well as their rights (including the guarantee of anonymity and the possibility of dropping out from the study at any moment). All participants were treated in accordance with the Declaration of Helsinki (World Medical Association 2008), with the ethical guidelines for research provided by American Psychological Association (APA, 2017), and with those indicated by Italian Psychological Association (AIP, 2015). Participants were asked to express their informed consent in order to participate in focus groups or to proceed in filling out the online questionnaire.

Data analysis

After assessing the adequacy of data, Maximum Likelihood Explorative Factor Analysis has been performed in order to make a first exploration (Williams et al., 2010) of the four RADSA sections. Since a general correlation among factor is expected in social sciences (Costello and Osborne, 2005), Direct Oblimin rotation (with Kaiser normalization) was preferred. Subsequently, the factors emerged from the analyses have been explored and investigated in their correlations with all the other dimensions and sample descriptives. Differences in groups (formed on the basis of educational qualification, professional role, and gender) have been also investigated performing one-way between-groups ANOVAs. Normality and homogeneity of variance assumptions have been respected: the absence of important violations of normality was assessed considering that values of skewness and kurtosis between -1 and +1 are considered acceptable (Muthén and Kaplan 1985), and also that thresholds of $sk > 2$ and $ku > 7$ have not been exceeded, thing that would indicate a severe violation of normality (Costello and Osborne, 2005; Kim, 2013; West et al., 1995). Cross-loading items have been excluded (Costello and Osborne 2005), as well as items with not satisfying loading ($< .35$), considering the minimum acceptable loading value of .32 (Tabachnick and Fidell, 2013).

Results

The main impression from the first qualitative phase of focus groups was that the overall complexity of the topic was respected enough through this approach of instrument development. The four main topics represented by the textual stimuli have been maintained as sections of RADSA questionnaire because, according to focus groups participants, such areas resulted adequate in treating the topic. Only the fourth area, namely the one pertaining to teacher's "learned helplessness" had a meaning shift thanks to the work with focus groups: in fact, participants tended to associate it with opinions and attitudes concerning the moment in which the teacher refers parents to an SLD specialist, rather than with the concept of "learned helplessness" described in the literature. No further topics emerged from participants' discussions, suggesting a saturation of the discourse on the SLD diagnoses increase phenomenon. For reasons of space, it was not possible to include a summary of T-LAB outputs in this work (cf. Author, 2018).

Results of validation study

In Table 1, explorations of four sections forming RADSA questionnaire are presented in a summary of means, standard deviations, standard errors of the mean, along with results of the assessment of adequacy of data for factor analysis (Bartlett, 1954; Kaiser, 1970, 1974).

As it can be seen, distributions are all positively skewed, indicating that responses tend, more or less slightly, to low score values. For what concerns kurtosis, sections related to peer group and to parents' attitudes toward SLD diagnosis resulted particularly heavy-tailed, meaning that there are more scores in the extremes than what it would be expected in a normal distribution with same mean and standard deviation (Westfall 2014). Data of all sections resulted adequate for factor analysis (cf. Table 1) in the light of the resulting Kaiser-Meyer-Olkin value and of the not significant Bartlett's Test of Sphericity (Bartlett, 1954; Kaiser, 1970, 1974).

Tab. 1 - *Minimum and maximum possible scores, characteristics of distribution of RADSA's sections, and adequacy of data for factor analysis*

Scale	Min score	Max score	M	SD	sk	ku	KMO	Bartlett's test
Diagnoses	39	156	104.8	12.62	.215	-.113	.708	$p = .000$
Peers	25	100	65.84	7.02	.549	1.197	.664	$p = .000$
Parents	28	112	77.64	7.66	.738	1.712	.673	$p = .000$
Teacher	28	112	72.98	6.93	.196	.206	.659	$p = .000$

Note.

Diagnoses: "Increase of SLD diagnoses" section;

Peers: "Peer group" section;

Parents: "Parents' attitudes towards SLD diagnosis" section;

Teacher: "The moment in which the teacher refers parents to an SLD specialist" section.

Subsequently, Maximum Likelihood Exploratory Factor Analysis (with oblique rotation) has been conducted for each RADSA section. Following tables (Tables 2, 4, 6, and 8) present the final factorial structures of the four RADSA sections, resulting from the decision of forcing the extraction of three factors on the basis of Kaiser's criterion and inspection of Scree Plots (Cattell, 1966; Kaiser, 1960). Factor correlation matrix is also provided for each section (Tables 3, 5, 7, and 9).

Table 2 shows the factorial structure of first RADSA section. According to items' meanings and loadings, the three extracted factors have been entitled "Medicalization" (factor 1, 22.77% of variance explained), "System-level causes" (factor 2, 15.8% of variance explained) and "Causes related to how children are raised nowadays" (factor 3, 9.27% of variance explained) for a total variance explained of 47.8%.

Tab. 2 - Summary table of ML EFA (Direct Oblimin rotation) best solution for RADSA section entitled "Increase of SLD diagnoses"

Item (re-numbered)	Pattern Matrix			Structure Matrix		
	F1	F2	F3	F1	F2	F3
12†	.845			.851		
9	.804			.775		
14	.696			.724		
5	.598			.641		
3	.469			.444		
16 (reversed)	-.407			-.405		
18	.394			.428		
8‡		.649			.678	
7		.620			.620	
2		.577			.555	
17		.498			.516	
1		.456			.467	-.363
11		.408			.435	
13		.381			.403	
10§			-.697			-.689
4			-.576			-.653
6			-.561			-.563
15			-.525			-.532

Note.

Rotation converged in 4 iterations.

F1 = Factor 1, "Medicalization";

F2 = Factor 2, "System-level causes";

F3 = Factor 3, "Causes related to how children are raised nowadays".

†Sample item (F1): "Diagnoses increase is not linked to the real neurological disorder: SLD certificate is being misused";

‡Sample item (F2): "Today's parents have less time to dedicate to their children";

§Sample item (F3): "SLD diagnoses increased due to the massive use of technology (smartphones, tablets, etc.) which provides more numerous and frenetic stimuli to today's children".

Tab. 3 - *Factors correlation matrix of RADSA first section "Increase of SLD diagnoses"*

<i>Factor</i>	<i>1</i>	<i>2</i>	<i>3</i>
1	1	-0.006	-.211
2	-0.006	1	-.262
3	-.211	-.262	1

High scores on first factor indicate the opinion that the increase in the diffusion of SLD diagnoses may be due to the medicalizing tendency of the learning process by professionals, specialists and society, rather than to an actual increase in the number of SLD cases or to a greater ability in recognizing SLDs as such (sample item: "SLD diagnoses increased because our society is characterized by an increasingly marked medicalization movement"). High scores on second factor, instead, indicate the agreement with the opinion that SLDs are actually more diffused nowadays compared to the past, and that this is ascribable to various causes connected to the level of the society system (e.g., parents' more chaotic life, too complex work for teachers, etc.). Similarly, high scores on third factor refer to the agreement with the idea that the way in which children are raised in the current culture and society may represent a further cause of SLD diagnoses increase (e.g., massive use of technology, development acceleration, etc.). Table 4 presents item loadings on the three factors emerged in "Peer group" section.

Tab. 4 - Summary table of ML EFA (Direct Oblimin rotation) best solution for RADSAs section entitled "Peer group"

Item (re-numbered)	Pattern Matrix			Structure Matrix		
	F1	F2	F3	F1	F2	F3
1†	.800			.804		
10	.661			.674		
13	.652			.655		
4	.643			.668		
6	.628			.627		
15 (reversed)	.495			.462		
7‡		.674			.655	
2		.520			.508	
5		.449			.450	
8 (reversed)		-.428			-.434	
12		.402			.415	
14		.365			.370	
16 (reversed)§			-.590			-.613
9			.583			.569
17			.556			.547
3			.402		.365	.452
11			.397			.388

Note.

Rotation converged in 6 iterations.

F1 = Factor 1, "Complaints about facilitations";

F2 = Factor 2, "Attention to classroom emotions and to individual needs";

F3 = Factor 3, "Fairness of evaluation".

†Sample item (F1): "The other pupils complain in order to get the same facilitations as a classmate having an SLD";

‡Sample item (F2): "Teachers' attention to the emotional sphere gradually decreases in school grades after Primary school, until it disappears";

§Sample item (F3): "Sometimes one wonders whether if the grade achieved in a facilitated test has the same value of an identical grade achieved in the complete version of the test".

Tab. 5 - *Factors correlation matrix of RADSA second section "Peer group"*

Factor	1	2	3
1	1	.088	.044
2	.088	1	.163
3	.044	.163	1

The first factor has been entitled "Complaints about facilitations" and it explains 19.8% of the variance. High scores on this factor reflect the opinion that usually classmates complain about the facilitations reserved to pupils with an SLD diagnosis (sample item: "Pupils complain about the facilitations available for a classmate with SLD because there is a strong competition for grades").

The second factor, "Attention to classroom emotions and to individual needs", explains the 14.4% of variance. Responses tending to high scores indicate agreement with the idea that carefulness towards emotions and individual needs is necessary to promote an inclusive classroom climate. Low values, instead, refer to the opinion that such attention is not necessary, since inclusion climate occurs spontaneously in classroom daily life. Third Factor has been named "Fairness of evaluation" (11.3% of explained variance), high scores on this subscale reflect the idea that it is fair to differentiate tests and homework between pupils who have an SLD diagnosis and those who do not have it. Low scores regard instead the opinion that it is not fair to differentiate tests and homework. The three factors considered together explained an overall variance of 45.5%.

Table 6 displays item loadings on the three factors (53% of total variance explained) pertaining to the section dedicated to parents' attitudes towards an SLD diagnosis: "Roles and information" (factor 1, 22.3% of variance explained), "Diagnosis as alibi" (factor 2, 17.9% of variance explained) and "Parents' negative reactions to SLD diagnosis" (factor 3, 12.8% of variance explained).

Tab. 6 - Summary table of ML EFA (Direct Oblimin rotation) best solution for RADSAs section entitled "Parents' attitudes towards SLD diagnosis"

Item (re-numbered)	Pattern Matrix			Structure Matrix		
	F1	F2	F3	F1	F2	F3
8†	.858			.804		
1	.593			.612		
4	.480			.489		
7	.370			.391		
6‡		.749			.745	
9		.749			.755	
2		.458			.450	
10		.359			.371	
5§			-.762			-.773
3			-.688			-.676
11			-.485			-.544

Note.

Rotation converged in 7 iterations.

F1 = Factor 1, "Roles and information";

F2 = Factor 2, "Diagnosis as alibi";

F3 = Factor 3, "Parents' negative reactions to SLD diagnosis".

†Sample item (F1): "A change of mentality should occur in society so that parents would not be informed through a 'top-down' process, but in a manner that really helps them to understand SLDs"

‡Sample item (F2): "Parents tend to 'rest on' the SLD diagnosis, desisting from stimulating the child and delegating everything to the school"

§Sample item (F3): "Parents experience SLD diagnosis as something painful"

Tab. 7 - Factors correlation matrix of RADSAs third section "Parents' attitudes towards SLD diagnosis"

Factor	1	2	3
1	1	.047	-.255
2	.047	1	-.096
3	-.255	-.096	1

High scores on the first factor reflect the opinion that more clarity is needed for parents on the role of each professional figure (e.g., teachers, psychologists, etc.) and on the nature of SLDs (sample item: “If family denies the problem when it is present, the child remains very confused and unaware of his/her potential”). In particular, it is felt the need for an informative process that allows the parent to truly understand the nature of SLD condition. Agreement with items loading on second factor (“Diagnosis as alibi”) reflects the opinion that parents tend to connect all problems of their child to the SLD diagnosis, thus using it as a justification for difficulties or situations that may be not connected to it. As a consequence, parents may not accept teacher’s attempts to further stimulate the child on an intellectual level. Third and last factor (“Parents’ negative reactions to SLD diagnosis”) of this section regards parents seen as those who tend to react negatively to the idea that their child could have an SLD.

The last section of RADSA regards the SLD diagnosis itself and the moment in which the teacher decides to share with parents his/her opinion that the child needs an SLD assessment: Table 8 presents the three factors that have been extracted for this section.

Tab. 8 - *Summary table of ML EFA (Direct Oblimin rotation) best solution for RADSA section entitled “The moment in which the teacher refers parents to an SLD specialist”*

Item (re-numbered)	Pattern Matrix			Structure Matrix		
	F1	F2	F3	F1	F2	F3
16†	-.834			-.844		
6	-.531			-.567		
15	-.431			-.412		
4‡		.644			.641	
14		.594			.599	
7		.578			.557	
10		.517			.515	
8 (reversed)		-.375			-.405	
2		.351			.368	

9§	.699	.704
11	.566	.566
13 (reversed)	.534	.554
12 (reversed)	.531	.536
5	.487	.505
4 (reversed)	.471	.443
3 (reversed)	.403	.432

Note.

Rotation converged in 17 iterations.

F1 = Factor 1, "Diagnosis usefulness";

F2 = Factor 2, "Teacher positioning in respect to other professionals";

F3 = Factor 3, "Strengths and weaknesses".

†Sample item (F1): "Many 'SLDs' would not exist if teachers could simplify school programs as they used to be in the past, giving value to time, repetitiveness and experiences"

‡Sample item (F2): "Often there is no gratification because parents do not recognize the teacher's great dedication"

§Sample item (F3): "Those who have an SLD diagnosis have to be also stimulated and strengthened because they can still improve"

Tab. 9 - *Factors correlation matrix of RADSA fourth section "The moment in which the teacher refers parents to an SLD specialist"*

Factor	1	2	3
1	1	-.171	.057
2	-.171	1	.148
3	.057	.148	1

The first factor, "Diagnosis usefulness", explained the 19.1% of variance and high values on this dimension refer to the opinion that the diagnosis is not particularly useful for teachers in dealing with a pupil with an SLD (sample item: "SLD diagnosis does not add particular suggestions to what the teacher was already doing to help the pupil"). Second factor, "Teacher positioning in respect to other professionals", explains the 16.1% of the variance and reflects the idea that teacher's role is penalized (high values) or is central (low values) in respect to the other professionals involved in SLD assessment (e.g., neuropsychiatrists, psychologists, etc.). The third factor, "Strengths and weaknesses" (9.4% of ex-

plained variance) and renders an image of strength and resourcefulness (high values) or of weakness and overwhelm (low values) of the teacher dealing with a pupil with an SLD or suspected to be in this condition. The total variance explained by these three factors was 44.6%.

As reflected by factorial structures, there is a substantial variety of subtopics for each main section. Consequently, the total score of a section appears not informative as much as comparing responses on each factor. For this purpose, Table 10 summarizes the characteristics of response distributions for all subscales separately.

After performing one-way between groups ANOVAs for each subscale, no significant differences were found in scores when comparing groups based on educational qualification, professional role (i.e., curricular teachers and teaching assistants) or gender. Table 11 summarizes correlations between subscales and with continuous sample descriptive measures.

Tab. 10 - *RADSA: Minimum and maximum possible scores, and characteristics of the distribution of each subscale*

	<i>Min score</i>	<i>Max score</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>	<i>sk</i>	<i>ku</i>
Section 1: Diagnoses increase							
Medicalization	7	28	16.01	3.25	.33	-.052	-.904
System-level causes	7	28	21.22	3.05	.313	-.272	-.416
How children are raised nowadays	4	16	10.54	2.2	.225	.47	.145
Section 2: Peer group							
Complaints about facilitations	6	24	11.93	3.14	.323	.314	-.247
Attention to emotions and needs	6	24	18.02	2.03	.209	.382	-.181
Fairness of evaluation	5	20	13.25	1.94	.199	.174	1.14
Section 3: Parents							
Roles and information	4	16	13.04	1.57	.162	.170	-.240
Diagnosis as alibi	4	16	9.9	2	.206	.035	.093

Parents' negative reactions to SLD diagnosis	3	12	7.93	1.42	.146	.274	.42
Section 4: Teacher							
Diagnosis usefulness	3	12	7	1.75	.18	.236	.06
Teacher positioning	6	24	16.13	2.25	.232	.063	-.25
Strengths and weaknesses	7	28	23.62	2.67	.27	-.165	-.807

Note.

Diagnoses increase: "Increase of SLD diagnoses" section;

Peers: "Peer group" section;

Parents: "Parents' attitudes towards SLD diagnosis" section;

Teacher: "The moment in which the teacher refers parents to an SLD specialist" section.

Tab. 11 - Summary of Pearson Product-moment correlations between RADSA subscales and sample descriptives

<i>Subscale</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>
1. Medicalization	-											
2. System-level causes	.12	-										
3. Causes related to how children are raised nowadays	.26**	.31**	-									
4. Complaints about facilitations	.20	-.04	.31**	-								
5. Attention to classroom emotions and to individual needs	.09	.36**	.21*	.11	-							
6. Fairness of evaluation	.18	.16	.05	.07	.11	-						
7. Roles and information	-.08	.39**	.37**	.05	.36**	.31**	-					
8. Diagnosis as alibi	.3**	.21*	.29**	.26*	.16	-.22*	.01	-				
9. Parents' negative reactions to SLD diagnosis	.22*	.25*	.28**	.1	.07	.18	.24**	.12	-			
10. Diagnosis usefulness	.37**	.21*	.25*	.38**	.13	.15	.03	.27**	.07	-		
11. Teacher positioning in respect to other professionals	.28**	.20	.24*	.22*	.19	-.03	.24*	.24*	.26*	-.22*	-	
12. Strengths and weaknesses	-.09	.17	.13	-.13	.29**	.26*	.32**	-.20	.12	.04	-.03	-

<i>Subscale</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>
Age	.01	.17	.18	-.09	.04	-.07	-.06	.24*	-.02	-.03	-.22*	-.10
teaching hours per week	0	-.06	.12	.013	-.02	.09	.19	-.11	.22*	-.03	.05	-.1
Years of teaching	.05	.14	.14	-.09	.04	.08	.03	.21*	-.01	-.01	-.19	-.03

* $p < .05$ Correlation is significant at the 0.05 level (two-tailed)

** $p < .01$ Correlation is significant at the 0.01 level (two-tailed)

Discussion and conclusions

Considering each subscale separately, strong deviations of distributions from the symmetry axis are not visible. The dimension with the most pronounced tendency is “How children are raised nowadays”, in which answers tend towards lower values ($sk = .47$), thus indicating that respondents tend to disagree with the idea that the way of raising children in the current culture and society may represent a cause of SLD diagnoses increase. Kurtosis presents instead more perceptible fluctuations: besides subscales with kurtosis close to zero, other dimensions are observable with fairly lower or higher values. For example, “Medicalization” and “Strengths and Weaknesses” are characterized by negative kurtosis values close to 1, indicating a light-tailed distribution in which there are less scores in the extremes than what it would be expected in a normal distribution with same mean and standard deviation (Westfall 2014). On the contrary, “Fairness of evaluation” ($ku = 1.14$) presents a heavy-tailed distribution, thus being a sign of the presence of more extreme values.

As it is visible in Table 11, various significant correlations are present among RADSA subscales. “Roles and information” is the factor presenting the strongest correlations with other dimensions: results suggest that those teachers who scores higher on this factor (concerning the need of more clarity for parents on the role of each professional figure and on the real nature of SLDs), tend to agree with the opinion that the increase of SLD diagnoses may be due to some external cultural and social factors (“System-level causes” and “Causes related to how children are raised nowadays”), with the idea that carefulness towards emotions and individual needs is necessary to promote an inclusive classroom climate, as well as with the opinion that it is fair to differentiate evaluations according to pupils’ idiosyncrasies. Another emerging aspect that seems interesting to be underlined is that the more the diagnosis in itself is considered useless, the more agreement is present with the opinions reflected by factors “Medicalization”, “System-level causes” and “Causes related to how children are raised nowadays”. Moreover, it appears that age negatively correlates with a more central role of the teacher in respect to other professionals.

The final version of RADSA is composed by 62 items divided into four thematic areas derived from the reference literature, which were confirmed as significant by focus groups participants. Only the fourth area, namely the one pertaining to teacher’s “learned helplessness” had a meaning shift, becoming “The moment in which the teacher refers parents to an SLD specialist”. The 4-point Likert scale response set based on agreement has been maintained and the estimated time of administration

is 15 minutes. The impression that the topic of teachers' attitudes and representations towards the increase of SLD diagnosis is a complex issue seems to be confirmed by the final structure of this instrument (cf. Table 10).

Considering the reflection of Gwernan-Jones and Burden, (2010) about the possibility that teachers' knowledge, attitudes, and beliefs towards learning difficulties could affect their ability in dealing with children having such difficulties, as well as the importance of focusing research on teacher-pupil relationship with a specific reference to SLD in early years of schooling (Pasta et al., 2013), the RADSA questionnaire may represent a very useful instrument to conduct research and to design focused intervention for teachers and educators, especially if associated with other measures. Thanks to its complex structure arose from the direct contribution of teachers, it can be used to explore various research lines pertaining to the school context, e.g. it can be associated to measures of teacher-pupil relationship quality (Pianta and Nimetz, 1991) or of teaching style (Deci et al., 1981). The absence of concurrent validity assessment represents a limitation of this study, therefore, it should be addressed through future investigations. Moreover, we believe that deepening the presented topic through the combined use of RADSA questionnaire with other measures, may bring positive implications for an innovative course of intervention targeting teachers, since the instrument has been constructed also on the basis of participants' contribution and it helps in individuating teachers' strengths and weaknesses, attitudes, as well as the more needed themes of intervention in a particular school or educational context.

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