

# A Collaborative Approach To Supporting Children With Psychophysical Developmental Challenges

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## Abstract

This article explores the shift from traditional, fragmented aid to a comprehensive, multi-professional support system for children with psychophysical development disorders. As the understanding of psychological and physiological health evolves, there is an increasing need for integrated "parallel services" that combine medical, psychological, and pedagogical expertise.

The study identifies five functional modules: diagnostic, medical, psychological, socio-pedagogical, and targeted pedagogical intervention that form the core of this collaborative framework. By analyzing the philosophical and psychological dimensions of professional interaction, the article argues that the success of inclusive education depends on the transition from individual specialist effort to synchronized team-based "interaction-collaboration". This approach focuses on improving the overall quality of life and social well-being of the child rather than merely providing compensatory pedagogical programming for isolated symptoms.

**Keywords:** Psychophysical development disorders, multi-professional support, collaborative framework, inclusive education, parallel services, team-based interaction, child well-being.

## INTRODUCTION

The identification and management of psychophysical health deviations in children and adolescents have long served as a focal point for interdisciplinary discourse, bridging the gaps between social, clinical, and pedagogical spheres. Historically, the categorization of these disorders was often considered within rigid clinical, psychological, or pedagogical frameworks. However, these traditional classifications frequently failed to capture the holistic, multifaceted needs of the child, often focusing on deficits rather than potential (Bradley & Moseley, 2007).

In the contemporary landscape of medical and pedagogical evolution, there is a decisive shift toward a biopsychosocial approach. This movement emphasizes the comprehensive documentation of somatic, psychophysiological, and psychological characteristics to better facilitate successful social adaptation and long-term integration.

This paradigm shift necessitates a fundamental re-evaluation of the concept of "intervention" or "help". Rather than viewing support as a series of isolated, reactive treatments, modern frameworks advocate for a proactive, multi-profile support structure. Recent strategic plans for integrated children's services (2023-2026) emphasize that support must be early, timely, and delivered through collaborative agency forums to meet the increasing complexity of neurodevelopmental needs (West Dunbartonshire Council, 2023). Such a structure recognizes that developmental disorders are influenced by a complex interplay of environmental, biological, and social factors (Schalock, Luckasson & Bradley, 2012). Consequently, the goal of modern support is the creation of an inclusive environment that fosters the child's overall agency and participation in society.

## LITERATURE REVIEW

The support landscape for children with psychophysical developmental disorders has expanded significantly over the last two decades, moving toward a more diversified and integrated ecosystem of care. Beyond the foundations of traditional medicine and remedial pedagogy, specialized fields such as neuropsychology, art therapy, and music therapy have transitioned from elective "extras" to integral components of the core support system (Schalock, Luckasson & Bradley, 2012). Evidence suggests that these creative and neurological interventions do more than just address specific impairments; they transform the learning process into a dynamic, engaging experience. By leveraging the "emotional motivator" found in play and art, these methods stimulate a child's intrinsic desire to interact with their environment and the adults within it (Meissner, 2011; Bradley & Moseley, 2007).

Furthermore, the influence of humanistic psychology has pivoted the focus of support toward the "Quality of Life" framework. This framework posits that the effectiveness of any intervention should be measured by its impact on the child's physical and psychological health, as well as their subjective sense of social well-being (Schalock, Gardner & Bradley, 2007). This aligns closely with the "Social Model" of disability, which suggests that "disability" is not a fixed attribute of the individual but is often produced by societal barriers. Modern research underscores the importance of societal acceptance and the child's satisfaction with their daily life as primary indicators of success (Thompson et al., 2009).

Recent studies also emphasize the role of "supports-based" paradigms, which argue that the mismatch between a person's competencies and the environment's demands can be bridged by tailored, consistent, and multi-professional support systems (Luckasson & Schalock, 2013). This evolving body of literature suggests that the synergy between diverse specialists - ranging from neurologists to social workers - creates a "protective belt" around the child, ensuring that their developmental trajectory is supported from every possible angle (Salminen, Laasanen, Leinonen, Karukivi, Vornanen & Kyttälä, 2025).

## METHOD: THE PARALLEL SERVICES FRAMEWORK

To address the multifaceted complexity of developmental support, the concept of "parallel services" has been implemented as a strategic alternative to traditional, linear intervention models. This methodology moves away from fragmented care, where a child might see various specialists in isolation, and instead coordinates the efforts of diverse professionals through a synchronized, modular approach. Within this framework, a module is defined as a functional unit of unified, multi-aspect activity, a "professional node" where specific expertise is concentrated but remains permeable to information from other sectors.

The implementation of this framework is structured around five core pillars, each designed to address a specific dimension of the child's psychophysical development:

Comprehensive Diagnostic and Consultative Module serves as the entry point and continuous evaluative core of the framework. It involves a "transdisciplinary" diagnostic process where medical, psychological, and pedagogical data are synthesized to form a holistic profile of the child. Rather than a one-time assessment, this module provides ongoing monitoring to adjust support strategies as the child progresses (Luckasson & Schalock, 2013).

Medical Module focuses on the physiological and neurological foundations of development. It encompasses medication management, physical therapy, and sensory integration, ensuring that the biological barriers to learning and socialization are addressed.

Psychological Module centered on emotional regulation, cognitive development, and mental health, this module utilizes evidence-based practices such as Neuropsychological Rehabilitation and Cognitive Behavioral Therapy tailored for neurodiversity. It aims to strengthen the child's internal resilience and "motivators" for social engagement.

Socio-Pedagogical Module, as a unit manages the child's integration into the broader social environment. It focuses on life skills, social communication, and community participation. It also acts as a bridge between the family and social institutions, ensuring that the child's rights are upheld and

that the social environment is adapted to their needs.

Correctional-Pedagogical Module is the primary educational engine of the framework. It includes specialized teaching strategies, speech and language pathology, and the use of assistive technologies. The focus here is on "leveling the playing field" by providing tailored instructional modifications that allow the child to access the curriculum alongside their peers.

## PRINCIPLES OF OPERATION

The primary guiding principle of this framework is complexity. This is not merely a synonym for "difficulty", but rather a recognition of the interconnectedness of the child's needs. The framework relies on three operational imperatives:

The operational success of this framework is rooted in a sophisticated interpretation of complexity, which mandates that specialists move beyond professional silos to engage in a continuous "cross-pollination" of data and intervention strategies. Rather than treating support as a series of isolated events, the model views the child's development as a longitudinal journey, requiring a commitment to the continuity of work that ensures seamless transitions between various developmental milestones and educational stages. This process is further solidified through robust inter-institutional cooperation, where the strategic integration of resources from healthcare, education, and social services converges to create a "unified support space". This holistic environment effectively surrounds both the child and the family, providing a stable and integrated foundation for long-term growth and social well-being (Schalock, Luckasson & Bradley, 2012).

By organizing support into these parallel yet intersecting modules, the system ensures that no aspect of the child's development is neglected, moving the focus from "treating a disorder" to "supporting a person."

## RESULTS AND DISCUSSION

The implementation of the modular framework reveals that the primary drivers of success in supporting children with psychophysical development disorders are the constructive categories of interaction and collaboration. Within this study, interaction is redefined from a simple communicative act to a unique, high-level professional activity. This activity possesses a multi-level structure that necessitates the alignment of individual specialist actions with joint operations. The results indicate that when these professional efforts are aimed at a common, child-centered goal, the support system moves beyond the "deficit-correction" model described in the literature review and toward a transformative "capability-building" model.

## THE PROCESS OF MULTI-PROFESSIONAL COLLABORATION

To operationalize this interaction, the study identified a rigorous five-step sequential methodology. This process ensures that the "parallel services" described in the methodology do not merely run alongside one another but actively converge to enhance the effectiveness of correctional-developmental work:

- 1. Comprehensive and Integrated Research:** The process begins with multi-aspect examinations where specialists from the medical, psychological, and pedagogical modules share raw data. The result is a consensus diagnosis that transcends single-discipline limitations, addressing the holistic "somatic-psychophysiological-psychological" profile mentioned in the introduction.
- 2. Strategic Problem Differentiation:** Specialists work together to distinguish between direct developmental impairments (biological or neurological) and indirect issues (social anxiety, educational gaps, or environmental barriers). This differentiation is crucial for resource allocation, ensuring that interventions are applied where they will have the most significant systemic impact.
- 3. Transdisciplinary Target Identification:** Rather than each specialist pursuing independent outcomes, the team determines a "primary target" for the support program. This target is viewed through multiple professional perspectives to ensure it aligns with the child's most pressing needs for social adaptation.

4. Synchronized Strategy Development: The results highlight the necessity of designing short-term and long-term goals with strict, interconnected timeframes. Each specialist's intervention is timed to support the others, for example, psychological regulation may be prioritized to provide the emotional stability required for intensive pedagogical correction.

5. Tactical Functional Division: The final step involves the adoption of tactical plans where specialist responsibilities are clearly delineated. This prevents the "gridlock" identified by Meissner (2011) by ensuring that every team member knows their specific role within the broader strategic framework (Schalock, Luckasson, & Bradley, 2012).

## SYNERGY AND QUALITY OF LIFE OUTCOMES

The study finds that the success of integrated education depends heavily on the transition from multidisciplinary work to true "interaction-collaboration." The findings suggest that the mere presence of multiple experts is insufficient; instead, the results are predicated on the synchronization of three critical functions: informational (shared knowledge), predictive (jointly anticipated outcomes), and managerial (coordinated execution).

When these functions are synchronized, the final effect is a qualitatively new result that exceeds the sum of individual interventions. This is manifested as a measurable improvement in the child's Quality of Life. Interestingly, the data suggests that while some improvements in emotional regulation or motor skills may manifest immediately, the most profound effects, such as successful social adaptation and community participation - often appear as "delayed positive outcomes." This confirms the "longitudinal journey" perspective established in the methodology, proving that a unified support space provides a lasting protective effect that sustains the child well beyond the initial period of intervention. This collaborative synergy effectively bridges the gap between clinical requirements and the humanistic goal of social well-being.

## CONCLUSION

The evolution of support systems for children with psychophysical development disorders necessitates a fundamental transition from fragmented, discipline-specific interventions toward a unified, modular framework of "parallel services". As this article has demonstrated, the complexity of modern neurodevelopmental and psychological challenges cannot be adequately addressed by specialists working in isolation. Instead, the success of inclusive education and social adaptation depends upon the systemic integration of medical, psychological, and pedagogical modules into a synchronized "interaction-collaboration" model.

The findings of this study underscore that professional interaction is a multi-level activity that requires more than mere proximity; it requires the deliberate synchronization of informational, predictive, and managerial functions. By adopting a structured five-step collaborative process ranging from comprehensive research to tactical functional division teams can move beyond the "deficit model" of traditional clinical practice. This approach shifts the primary "target" of intervention toward the holistic enhancement of the child's Quality of Life and social well-being, aligning with contemporary humanistic and socio-ecological paradigms.

Furthermore, the results indicate that the most significant effects of this collaborative synergy often manifest as delayed positive outcomes in social adaptation, confirming that support must be viewed as a longitudinal journey rather than a reactive treatment. To sustain this progress, educational and healthcare institutions must prioritize the training of transdisciplinary teams capable of "cross-pollinating" data and strategies.

Ultimately, by creating a "unified support space" that surrounds both the child and the family, society can move closer to achieving the humanitarian mission of inclusive education, ensuring that every child is afforded the opportunity to reach their full potential within a supportive and accepting community.

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