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Towards a Satisfactory Future—Multiprofessional Rehabilitation for Young Persons with ADHD or ASD

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Abstract: There is a lack of knowledge about what kind of support should be offered in adulthood for persons with attention-deficit/hyperactivity disorder (ADHD) or autism spectrum disorder (ASD) to promote inclusive participation in meaningful life domains. The core components of multiprofessional rehabilitation intervention for young adults are explored from the perspective of multiprofessional teams. This qualitative study adopts a pragmatic perspective on the core components of rehabilitation. Twenty-six professionals participated in vignette-based focus group interviews (n = 5), and thematic reflexive analysis was used to abductively analyze the data. A total of ten core components were identified. Nine of them were aggregated into three categories: (1) rehabilitation readiness (two core components), (2) adaptive progress in personal goals (four core components), and (3) rehabilitation continuum (three core components). The overarching tenth core component is focusing on the personal goals of daily life, work, studies, and social interaction. A collaborative relationship between the client and professional is essential to ensure adaptive progress and to foster clients' self-determination. The focus should be on strengths and solutions instead of deficits and challenges. To establish rehabilitation continuum, it is essential to collaborate within the clients' networks and to promote awareness and inclusive opportunities for working and studying for people with ADHD and ASD.

Keywords: rehabilitation; multiprofessional; core components; young adults; autism spectrum disorder; attention deficit/hyperactivity disorder

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1. Introduction

Transitioning to independent adulthood can pose additional challenges for persons with lifelong illnesses or disabilities due to the increasing demands for independent adaptive functioning and greater role requirements in various domains of life [1–3]. Attention-deficit/hyperactivity disorder (ADHD) and autism spectrum disorder (ASD) are the most commonly diagnosed neurodevelopmental disorders, and their prevalence in the population is increasing [4,5]. The two diagnoses often co-occur, with up to 21% of children and adolescents with ADHD also having an ASD diagnosis [6]. ADHD and ASD can have similar symptoms, such as challenges in social interaction and compromised executive functioning, but they also have specific differences [7]. For example, ADHD includes long-term difficulties in activity and attention regulation and executive functioning [8], while ASD includes difficulties in social interaction and communication, as well as restrictive, repetitive, or unusual sensory-motor behavior [9,10]. These similarities and differences should be taken into account in rehabilitation [10].

For persons with ADHD or ASD, the transition to adulthood is well documented as challenging. For example, Roux et al. [11] found that more than one-third of young adults on the autism spectrum never find a job or continue their education after high school. This rate is high, even compared to their peers with other types of disabilities [11]. Many adults on the autism spectrum are unable to achieve independent living [12] and if employed, their job status and stability tend to be low [12]. Similar findings have been reported in persons with ADHD who are less likely to graduate from high school or enroll and graduate from college than their peers [13]. People with ADHD face challenges in many aspects of their working lives, such as a lower job status, poorer job performance, and more job turnover [13]. They also experience instability in their emotional relationships [14].

The World Health Organization (WHO) has developed a biopsychosocial framework known as the International Classification of Functioning, Disability, and Health (ICF) [15]. The ICF Core Sets highlight the importance of a continuum of care across the lifespan for people with ADHD and ASD [16,17]. The interventions identified from the literature were either individual-, family-, or group-based (e.g., DaWalt et al. [18]) and focused on specific functional domains or skills, such as social skills [19], vocational skills, or academic skills (e.g., Gorenstein et al. [20]), or may focus on living skills simultaneously (e.g., Jonsson et al. [21]). Different psychological interventions, such as cognitive behavioral therapy (CBT), mindfulness-based therapy (MBT), and dialectical behavior therapy (DBT) have shown positive effects on adults with ADHD [22] and ASD [23].

However, it is noted that the availability of rehabilitation decreases after childhood [11, 24], health care intervention programs for young adults are limited [11,16,17,25], and there are no adult-specific guidelines of care [26,27]. In adult services, there is lack of knowledge on neurodevelopmental disorders such as ADHD and ASD as well as the kind of support that should be offered to adults [25,26,28]. Therefore, more research is needed on the essential elements of rehabilitation for this age group to promote change in the domains of daily life, school, work, and social participation.

The core components are the essential elements of an intervention. They contribute to the desired outcomes and should be strictly maintained when implementing the intervention (e.g., Abry et al. [29]). A variety of research strategies and methods have been used to study and better understand the core components of intervention [30]. In this study, the core components are understood to refer to the vital practices used in rehabilitation by professionals to promote change in the domains of daily life, school, work, and social participation. From this perspective, there is no existing research that examines the core components of rehabilitation interventions for individuals with ADHD or ASD specifically through the lens of a multiprofessional team's work.

This qualitative study relies on pragmatism and shared enquiry to find concrete solutions and real-life perspectives from different social contexts [31]. Pragmatism aligns with the context-based nature of implementation research and its interest in identifying the core components of intervention to understand the adaptation of interventions in various real-life contexts and for different client groups [32,33]. Pragmatic knowledge is considered important, especially when exploring the initial components and hypothesizing causal explanations for former validation [30]. Haynes et al. [34] refer to hunches or hypotheses the professionals may have about the core components outside the literature and based on their experiences of clinical work [34].

This study takes a bottom-up perspective on core components and aims to answer the following research question: from the perspective of multiprofessional teams, what are the perceived core components of Oma väylä [my way], a rehabilitation intervention for young people with ADHD or ASD? The novelty of this study is that it does not focus solely on the characteristics of an individual and instead highlights the person–environment fit, as described in the ICF, when promoting inclusive participation. It also emphasizes the importance of individual adaptations in the rehabilitation of young persons with ADHD or ASD.

2. Materials and Methods

The current study is based on a wider research project regarding the Oma väylä rehabilitation intervention, which is part of a Registration trial project (REKKU) and the research undertaken therein. The aim of the REKKU project was to develop the arrangement of rehabilitation services organized by the Social Insurance Institution of Finland (Kela). The Oma väylä rehabilitation service served as a pilot rehabilitation service in this project. The wider REKKU research project has been approved by the Ethics committee of the Social Insurance Institution of Finland (Kela, code number 10/500/2020).

The epistemological stance of this study draws on pragmatism, where knowledge is tested in action and the truth of ideas is verified in practice [35]. To test knowledge in action, we used hypothetical real-life cases (vignettes) as our data collecting method. Furthermore, we intentionally chose reflexive thematic analysis [36], as it aligns well with both the dual roles of the researchers as qualitative researchers and rehabilitation professionals, and the adopted rehabilitation and implementation perspectives of science. The analysis was guided by an experiential orientation to language, where language reflects the professionals' perceptions in a straightforward manner.

2.1. Intervention

In Finland, rehabilitation services encompass medical rehabilitation, vocational rehabilitation, rehabilitative work, and social rehabilitation, which are provided by different actors, such as the wellbeing services counties and Kela. Rehabilitation may consist of, for example, individual therapies, group-based interventions, or multiprofessional programs [37,38]. Kela provides various rehabilitation interventions, as defined by law. These services are executed by local service providers and guided by service descriptions, which define the features of the interventions.

Oma väylä rehabilitation is a multiprofessional intervention for 16–29-year-old individuals with ASD, ADHD, or both. Oma väylä focuses on improving a person's academic and vocational skills and strengthening the management of everyday life, social skills, and self-esteem. Based on individual needs and preferences as well as professional knowledge and experience, the professionals tailor the support and methods to the individual and their life situation. The duration of Oma väylä is one year, and it includes both group meetings and individual sessions which can occur face-to-face and remotely. The individual sessions can take place either in the client's own living environment or in a clinical setting. Furthermore, Oma väylä includes working with the client's networks as well as additional follow-up sessions after the rehabilitation has ended. Family and friends can also participate in the rehabilitation [39]. Table 1 presents the multiprofessional team, methods, implementation, and targets of Oma väylä.

2.2. Data Collection

We invited five multiprofessional teams to participate in a focus group interview. We selected the teams according to contextual variation based on the following aspects:

- Teams should consist of different professionals.
- Organizations should be of various sizes and from different regions across Finland.
- Teams should have experience in working with ADHD and ASD groups and the Oma väylä rehabilitation service.

All teams agreed to participate, and a total of 26 professionals were interviewed. Their experience in working with persons with ADHD and/or ASD varied from a few months to over 20 years, and the main focus was on the professionals with long-term experience. Table 2 presents the rehabilitation providers and number of interviewed professionals.

Table 1. The multiprofessional team, methods, implementation, and targets of Oma väylä rehabilitation.

Multiprofessional Team	Methods	Duration and Amount	Targets
Neuropsychologist or psychologist	Client-centered approach	1 year	Achieving individual GAS goals related to participation in one's own living environment
Two of the following professionals working as a pair: occupational therapist, licensed nurse, social worker, and rehabilitation counselor. One of these professionals is named as the personal coach.	Individual coaching and training	One phone call with the client and an invitation letter before the rehabilitation period	Development of vocational and studying skills, social skills, and everyday life skills
A work life expert or special education teacher may be involved in the team.	Multiprofessional collaboration and shared agency	Max. 27 individual sessions (60–90 min)	Behavioral changes in everyday life and environments
	Group activities and peer support	Max. 10 group sessions (60–120 min)	Trust in one's own skills and resources
	Pre- and post-assessment (e.g., GAS [1], BDI [2])	Max. 1–2 group sessions for close relatives (60–120 min)	Continuity of rehabilitation process
		Max. 3 individual control sessions (60–90 min)	

[1]—Goal Attainment Scale; [2]—Beck Depression Inventory.

Table 2. Rehabilitation providers and number of interviewed professionals.

Profession or Role in Rehabilitation	Number of Interviewees
Nurse or psychiatric nurse	6
Social worker (bachelor of social services)	6
Occupational therapist	5
Psychologist	5
Working life expert	2
Special education teacher	1
Rehabilitation counselor	1
Total	26

The focus group interviews were conducted at the end of 2022 by the authors HH and MK. No relationships were established between the interviewers and participants prior to the study commencement. The participants were informed about the study and the position and background of HH and MK beforehand in a Teams meeting but otherwise the participants had never met the interviewers before. The information sheet was presented and also sent to the participants beforehand via email. Oral informed consent was requested from all participants at the beginning of the interview.

We used a vignette-based interview. A vignette is a short case description about a hypothetical person presented to the participants during an interview [40,41]. The vignettes were used as microcosms, representing different types of people, everyday life routines, institutional practices, and social problems [42]. The researchers formulated the vignettes based on a mutual understanding of the Oma väylä service, professional practice, and real-life stories from different media sources. In addition, to assure the quality and practicality of vignettes, we asked rehabilitation experts to comment on them. The vignettes are presented in Table 3.

Table 3. A summary of the vignettes used in the focus group interviews.

	OUTA, 25	**TUISKU, 20**	**VIIMA, 17**
Diagnosis	ADHD	Asperger syndrome	Autism spectrum disorder and ADHD
Living situation and close relatives	- Lives with their partner in the center of a medium-sized city	- Lives on their own in a small region	- Lives at home with their parents and a younger brother who is also diagnosed with ADHD
Studying and working	- Studying to complete a vocational qualification in the commercial sector - Several interrupted studies in the past	- Unemployed - Has completed a school-based vocational qualification in media and visual expression and worked as a content creator for different companies	- Goes to youth workshop
Challenges	- Finishing their current studies - Scheduling and completing written assignments independently - Managing personal finances	- In working life, social situations and wanting to do things their own way have led to overburdening and symptoms of depression and anxiety - Difficulties in dealing with day-to-day tasks and daily routine	- Insecure about their skills and strengths - Does not know what they would like to study in the future - Travels independently only to the workshop activities, which take place in familiar surroundings
Resources	- IRelationships with their family and partner - Have found an interesting and suitable field - Work goes well and they will be a good employee	- A tight circle of friends they have met through photography - Using their visual strengths	- Two close friends - Viima would enjoy taking care of animals or taking riding lessons
Own view	- Wants to finish their current studies - Financial problems weigh on them because they have not always been able to pay back borrowed money	- Hopes to be able to utilize their visual talent in working life - Hopes to work as a content creator in a suitable workplace where they could avoid overburdening	- Hopes to find something meaningful to do in their spare time - Feels their parents do not have time to help them - The parents hope that Viima would find a direction in life

In the interviews, we used a vignette-guided approach rather than a structured interview guide. During the interview, the vignettes were read to the participants one at a time, and the participants had the opportunity to make notes and check the vignette during the discussion. After reading the vignette, the researchers asked the participants to openly discuss the following pre-defined questions:

- What is important in the rehabilitation of this client?
- How would you proceed with this client?
- Is there something missing from the current Oma väylä rehabilitation service that you find important in this person's rehabilitation?

At the end of the interview, the participants were asked to summarize the most important components for each of the people in the vignettes. The researchers used the phrase "You mentioned... tell us more about that" if clarification was needed.

The interviews were recorded and transcribed verbatim by a professional transcription service. The length was 414 min and 78.5 pages (Arial 10, spacing 1.0). In adhering to the pragmatic nature of reflexive thematic analysis (TA), as described by Braun and Clarke [36], we made paradigmatic and epistemological decisions to determine the acceptable sample size and to prioritize the collection of rich and meaningful data with sufficient informative power [43], rather than relying on the concept of data saturation.

2.3. Analysis

Our analysis followed the phases of reflexive thematic analysis described by Braun and Clarke [36]. The analysis process formed a continuum that included defining the themes and formulating the core components. In the other words, we interpreted themes to address the research question concerning the core components of Oma väylä rehabilitation intervention from the perspective of multiprofessional teams. Based on reflexive reasoning, we conceptualized the core components. The phases of the process are described in Table 4.

Table 4. Phases of analysis process.

Familiarization	The first author read and anonymized the data before transferring the texts to the ATLAS.ti 22 software.
Coding	The first author executed the preliminary descriptive coding without a predefined coding system (see Braun and Clarke [44]). The data appeared versatile and notably connected to clinical practice, reflecting the professionals' process of clinical reasoning from the perspectives of theoretical approaches and their practical applications. The authors HH and MK sorted the codes into groups.
Initial themes	The first author generated thematic patterns of shared meanings based on the code groups. As a result, two initial themes were identified: (1) prerequisites for rehabilitation and (2) the focus areas of rehabilitation. The first and second author discussed the code groups and the initial themes together. However, we found the focus areas of rehabilitation theme too extensive and not viable as such. Therefore, defining the initial themes needed more scrutinizing.
Defining and naming themes	We re-examined the initial themes and code groups against the coded data and the entire dataset, followed by a detailed analysis and establishment of the scope and focus of each theme (c.f. Braun and Clarke [36]). To create a coherent narrative, we critically discussed the themes and the relations between them within the research team.
Interpretation of themes in relation to research question	In relation to the research question, we conceptualized the themes (see Byrne et al. [45]) as core components to refer to the vital practices used in rehabilitation by professionals to promote change in the domains of daily life, school, work, and social skills.

During data generation and analysis, we were aware of our subjectivity, and understood that our values, presumptions, knowledge, and experiences would be present in the analysis process. For example, researchers who worked as rehabilitation professionals prior to moving into research (HH, MK) have experiential knowledge about rehabilitation processes, how to build trusting relationships, and multiprofessional work. However, as researchers from different backgrounds, we critically reflected on our thoughts and findings at every stage of the analysis, and the first author kept a reflexive diary throughout the process. Furthermore, this process ensured that our interpretations were as developed as possible. At the same time, we acknowledge that generating the themes is highly dependent on the intersection of the data and the contextual and theoretically embedded interpretive practices of the researchers and that different interpretations of themes are theoretically possible [44].

The one overarching theme, three themes, and seven subthemes are summarized in Table 5. They describe the important aspects of Oma väylä rehabilitation, as perceived by multiprofessional teams.

Table 5. The overarching theme and three themes with subthemes.

Overarching Theme	**Striving Towards a Satisfactory Life and Occupational Balance**		
Themes	Rehabilitation readiness	Adaptive progress in personal goals	Rehabilitation continuum
Subthemes	Person-related readiness	Trustful relationship	Networking
	Service-path-related readiness	Reflective reasoning	Suitable future possibilities
	Concreteness		

There were several relations between the themes. Rehabilitation readiness (Theme 1) was acknowledged to form the foundation for adaptive progress towards a satisfactory life, i.e., where the client had the readiness to actively engage in the rehabilitation process and their individual goals of supporting daily life, social interaction, work, and studies (Theme 2). This relation was described as symmetric because adaptive progress in personal goals (Theme 2) was perceived to affect the rehabilitation readiness (Theme 1). The professionals described a similar symmetric connection between adaptive progress (Theme 2) and rehabilitation continuum (Theme 3).

3. Results

In this chapter, we present three categories consisting of nine core components and one overarching core component. We have formulated these ten core components from the themes to illustrate the vital practices of professionals. We named the three categories after the themes: rehabilitation readiness, adaptive progress in personal goals, and rehabilitation continuum. We interpreted the overarching theme of striving towards a satisfactory life and occupational balance as an overarching core component and named it focusing on the personal goals of daily life, work, studies, and social interaction. It consolidates the overall goal of the whole rehabilitation process.

The core components are summarized in Figure 1 and reflected in this chapter in more detail, addressing the themes and core components.

Figure 1. The categories of core components based on the perceptions of the multiprofessional teams.

3.1. Rehabilitation Readiness

Two core components in the rehabilitation readiness category illustrate the professionals' practices in assuring that Oma väylä is well-timed and appropriate for the client, and that the client has the readiness to engage in rehabilitation and start striving towards satisfactory daily life, work, studies, and social interaction.

The interviewed professionals underlined that they had to pay substantial attention to strengthening the client's rehabilitation readiness before focusing on supporting their daily life, social interaction, and transition to working life or studies. If the client's readiness is not sufficient, rehabilitation might not be offered in a timely manner; the client might have different kinds of needs for support, for example, for mental health disorders or in stabilizing their overall life situation.

> *. . . that the functional capacity is such that the young person has the ability to start working, since this is the young person working. . . I always talk about rehabilitation ability, like are they prepared, do they have the resources, are they able in that moment, like if you think they have a lot of psychological challenges, is the year wasted then.* Interview 5: rehabilitation counselor

Person-related readiness was interpreted as the client's readiness to actively engage in rehabilitation. The interviewed multiprofessional teams described varying characteristics affecting the clients' rehabilitation readiness. For example, they mentioned the sufficient fulfillment of basic needs, such as sleep, nutrition, and financial security. If balancing basic needs takes the main role in rehabilitation, the client might not have the resources to focus on their personal goals of daily life, work, studies, and social interaction. The interviewed professionals also described how they sometimes had to spend a significant amount of time supporting the clients' motivation and personal goal identification. This happened, for example, when attending rehabilitation was not originally the client's idea and instead their parents had made the decision. The ability to identify and express one's own needs and feelings in rehabilitation was perceived as an important characteristic. With some clients, the professionals used several exercises to help with identifying suitable practices. They used, for example, visual material or other forms of self-expression to enable the reflective discussion needed in the rehabilitation process.

> *. . .because the rehabilitative work is based specifically on that, because this is done by discussion and reflection and exercises that require reflection. And analysing your own thoughts and feelings. . . Like that's when you're able to process those things in your everyday life too.* Interview 4: psychologist

In addition to person-related readiness, the professionals described a rehabilitation readiness related to the client's individual service path, including the support services available to the client either at that moment or previously. As an example, they mentioned associated disorders and disabilities, such as learning disabilities and mental disorders. These disorders are not always identified, and there might not be an appropriate treatment or rehabilitation plan in place, which may prevent the clients from actively engaging in Oma väylä. In addition, the professionals mentioned an occasional lack of psychoeducation concerning the diagnosis. This was the case especially with clients who were diagnosed in adulthood and for whom Oma väylä might have been their first experience with rehabilitation. The professionals felt that people are treated differently in the service system depending on whether they were diagnosed in childhood or adulthood, which might affect a person's rehabilitation readiness.

> *Like maybe the responsibility of the referring party when you think about Oma Väylä rehabilitation, like why and what the need is in that moment. . . before you come to Oma Väylä, those things should be clear and a treatment relationship should exist if that's what's needed.* Interview 5: rehabilitation counselor

According to the professionals, service-path-related readiness and person-related readiness are interrelated. They stated that the received support services can significantly

increase the person-related readiness. For example, a client who had received support services might have gained certain skills to help with actively engaging in rehabilitation.

> *There's a huge difference, with them you get straight to point, but these youngsters who might not have had any support contact anywhere and don't know this kind of working at all, like probably is with Viima too, you always have to start pretty much from scratch. And that has to be acknowledged of course.* Interview 4: psychologist

The professionals also pointed out the importance of understanding that rehabilitation readiness can shift during rehabilitation and that supporting the client's motivation is part of the rehabilitation process. They acknowledged that defining the boundaries of the type of readiness a client should have at the beginning of rehabilitation is not always easy, nor is it easy to determine the type and amount of support that can be provided during the rehabilitation period to keep the focus on supporting the client's daily life, social interaction, work, and studies.

> *So kinda like is the person able to express or identify their needs and are they able to express them when needed, to tell and seek for help and all this. That's probably where the problems often are. Kinda like, you can't really separate these different blocks from the big picture because they derive from that big picture.* Interview 2: psychologist

Two core components which underline rehabilitation readiness are in close relation to the overarching core component of focusing on personal goals of daily life, work, studies, and social interaction. This illustrates the professionals' perception of the two-fold aim of rehabilitation to provide support to the client in achieving rehabilitation readiness while maintaining a clear focus on personal goals.

3.2. Adaptive Progress in Personal Goals

The core components in the category of adaptive progress in personal goals illustrate the professionals' practices in adaptively targeting the rehabilitation to the clients' individual needs and situations. In the interviews, the professionals described the adaptive progress as a dialog aiming to find and concretely build the client's own meaningful and satisfactory daily life and path to studying or working life.

Furthermore, the professionals described the "finding" as discussion-based reflective reasoning used in rehabilitation to enhance the client's self-understanding of, for example, their strengths and challenges, daily life satisfaction, and desired future. The professionals emphasized the strengths-based approach, which focuses on a client's strengths, targets of interest, and the ways they can be utilized in identifying the clients' satisfaction in everyday life and work and study paths.

"Building" was described as the concrete actions and practices tested during rehabilitation, such as establishing a schedule for school assignments, testing different timers or reminders to help with time management, or organizing chores. In addition, "building" refers to the concrete steps and actions taken towards one's preferred daily life, work, and studies, including making an important phone call or filling out a job application. The professionals emphasized the importance of concreteness and the small, achievable steps that strengthen the client's self-efficacy when completed. According to the professionals, the two methods, reflective reasoning and concreteness, alternate during rehabilitation.

> *It (Oma väylä) is a fitting name for this process, when you think it's not just built by others, you are there to build it yourself. Opening and visioning the path, your own way… And then what's also important here is that you do things. Like if there's a situation or thing or an issue, you deal with it now… We do together. We don't do it for you but we do whatever together.* Interview 1: psychologist.

The professionals stated that using methods of reflective reasoning and concreteness in rehabilitation led to adaptive progress in personal goals of daily life, work, studies, and social interaction. They described it as the opposite of the idea of fixed contents or structures in rehabilitation.

> *. . .that we don't make anything, a ready-made agenda. Like, here, take it, but of course, like sure we do here and always together, engaging.* Interview 4: psychologist

The professionals highlighted the importance of the relationship between the client and the professional, especially with the designated personal coach who is mainly responsible for the rehabilitation process. They stated that, in the beginning of the rehabilitation process, it takes time to establish the relationship. The professionals emphasized the importance of accepting the client and their wishes as they are and showing the client that the professional was there for them and their needs and preferences. It is important that the clients feel safe and are truly heard and accepted as they are.

> *Yeah, that's probably really essential, like we've probably heard many times thanks for letting me be myself. That I don't have to be anything else.* Interview 4: psychologist

A trustful relationship was perceived as essential to adaptive progress in rehabilitation. It strengthened the client's voice in the rehabilitation process, as the professionals encouraged the clients to express their needs, preferences, and goals while the professionals focus on listening.

> *. . .that self-understanding can't emerge unless you dare to see and receive and hear and accept.* Interview 1: social worker

Four core components were formed to illustrate the practices used for find and build a satisfactory daily life, work, studies, and social interaction with the client. Establishing a trustful relationship forms the foundation for other components. Adapting the progress to the situation at hand and focusing on strengths and interests are important in enhancing the client's self-understanding and identification of a preferred future and adaptive progress during the rehabilitation process. Fostering concrete solutions and actions highlights the actions and steps towards a satisfactory daily life, work, studies, and social interaction. The overarching core component guides the orientation of the professionals when they work with the client to seek and build a meaningful and satisfactory daily life and path to studying or a working life.

3.3. Rehabilitation Continuum

The core components in the rehabilitation continuum category depict the practices the professionals use to extend the progress made during rehabilitation to the client's home, work, and study environments.

Working within the client's networks, such as schools, workplaces, and health and social services, is essential to promoting continuity. This can mean, for example, formal meetings, visits to schools and workplaces, phone calls, and establishing concrete practices in the client's own environments.

> *Sure it's important to do the work there also, in those networks and on the other hand then, considering that it's a relatively short rehabilitation like what then after Oma Väylä. . . Close cooperation so that you're not left in the cold when Oma väylä ends pretty soon anyway.* Interview 4: psychologist

To be able to develop a continuum, the professionals highlighted the importance of suitable services and study and work opportunities for persons with ADHD or ASD. Sometimes, the availability of suitable services is a matter of luck. For example, there can be substantial regional differences in support services, such as having suitable work try-out places. The professionals described varying ways of searching and mapping suitable future possibilities together with the client.

> *What bums me out especially with a young person is that there can be a lot of these, like thoughts of continuing. And when we all know the current situation, like in healthcare and especially in mental health services and access to therapy and all that, like how much can you reveal that these opportunities exist. When the chances of getting them is too low.* Interview 4: occupational therapist

The rehabilitation continuum requires an attitude change in terms of working life and society. The understanding of neurodiversity and how it should be considered is not sufficient in schools and workplaces.

> *But luckily there was a study on the attitudes of employers a few years back and there's been a big change in that earlier someone with partial working ability, like the idea was that absolutely not going to work here. And now the atmosphere has somehow changed to thinking like well why not. Sure, it's not necessarily realised in practice yet but it's an important step towards putting it into practice when employers start thinking it might be realism.* Interview 1: social worker

The interviewees acknowledged that support for learning is not always adequately established in secondary and higher education. They claimed that there are not enough inclusive ways of working or studying for persons with ADHD or ASD. For example, a person may need breaks, short working hours, or other adaptations in their work or study environments or tasks. Furthermore, they described one part of their work as increasing knowledge and awareness in different settings, for example, during school visits. According to the professionals, the individual is not the only one who needs to change.

> *I think it's important that a certain model wouldn't, that there wouldn't be a specific mold you should fit in, that working life should be flexible with employees instead. . . A little psychoeducation there as well [laughing].* Interview 5: rehabilitation counselor

Three core components were formed to illustrate the practices that the professionals used for establishing a rehabilitation continuum in the daily life, work, and study settings. Collaborating within the client's networks refers to establishing individual practices, adaptations, and study plans through working with the client's networks, such as schools, workplaces, and health and social services. Mapping suitable future possibilities can be understood as searching and finding possible work and study opportunities. Promoting awareness and inclusion is related to the professionals' practices in influencing the attitudes in communities such as schools and workplaces. The overarching core component steers the professionals to establish a rehabilitation continuum in the areas of daily life, work, studies, and social interaction.

4. Discussion

This qualitative study draws on pragmatism and builds on focus group discussions and reflexive thematic analysis. Pragmatic epistemology emphasizes knowledge building from real-life contexts and perspectives and involving different groups of people who function in those contexts [31,32]. The core components of the Oma väylä rehabilitation service were explored from the perspective of the multiprofessional teams conducting the rehabilitation. The core components formed reflect the vital practices and activities used in the rehabilitation of young persons with ADHD and ASD. The identified core components are based on a shared multiprofessional view. Furthermore, professionals from different fields implementing rehabilitation interventions may use varied methods and practices specific to their profession.

The core components were aggregated into three categories: (1) rehabilitation readiness, (2) adaptive progress in personal goals, and (3) rehabilitation continuum. Rehabilitation readiness comprised two core components: (1) assuring the appropriateness and timeliness of rehabilitation, and (2) supporting the client's readiness to engage. Adaptive progress in personal goals included four core components: (1) establishing a trustful relationship, (2) adapting progress to the situation at hand, (3) focusing on strengths and interests, and (4) fostering concrete solutions and actions. Rehabilitation continuum comprised three core components: (1) collaborating within the client's networks, (2) mapping suitable future possibilities, and (3) promoting awareness and inclusion. Therefore, this is the overarching core component which cuts across all other core components. Next, we will discuss the essential findings of the study and reflect on them in the light of the literature relevant to the client group's rehabilitation interventions.

4.1. Comprehensive Support in Functional Living Skills During the Transition to Adulthood

The present study elucidates the nature of Oma väylä rehabilitation. It is a comprehensive type of intervention which focuses on functional living skills during the transition to adulthood, as its main focus and overall goal is to support a young person's daily life, work, studies, and social interaction. The domains of self-care and domestic life, recreation and leisure, social skills, and academic and vocational skills are connected to the independent functioning and participation of an adult individual in society [46–48]. Halpern [48] defines the transition to adulthood for youth with disabilities as follows:

> *Transition refers to a change in status from behaving primarily as a student to assuming emergent adult roles in the community. These roles include employment, participating in post-secondary education, maintaining a home, becoming appropriately involved in the community, and experiencing satisfactory personal and social relationships.*

This is consistent with the overarching core component, focusing on daily life, work, studies, and social interaction, in Oma väylä rehabilitation.

In this study, Oma väylä is described as a comprehensive rehabilitation intervention that covers different domains of life simultaneously, which makes it possible to offer flexible support to young persons in changing life situations. Sosnowy et al. [49] asked young adults with ASD and their parents about their views on transitioning to independent adult life, work, and post-secondary education. The young adults and their parents pointed out that support services should be comprehensive and adjustable to meet the individual needs of the clients. In occupational science, the concept of occupational balance describes the relationship between self-care, productivity, and leisure as well as the importance of their balance to a person's wellbeing. It suggests that it is important to consider the different areas and how they are balanced as a whole to achieve wellbeing in life [50,51]. This aligns with the holistic approach in pragmatism, which emphasizes viewing individuals as whole beings whose experiences and actions are interconnected [31]. However, rehabilitation interventions tend to focus on one area at a time, such as social skills, vocational skills, or academic skills, and a comprehensive approach is seldom adopted.

4.2. Enabling Adaptations in Rehabilitation to Meet the Varying Needs of the Clients

Professionals underlining the importance of individuality in rehabilitation was a characteristic of the present study. Each client had their own needs, goals, and resources for rehabilitation. This formed the basis for how the rehabilitation process was carried out. The core components of adaptive progress in the personal goals category especially direct the professionals towards adapting the rehabilitation process individually for each client. Focusing on strengths and interests was considered important and has been recognized in other studies as well. Schrevel et al. [52] found that adults with ADHD perceived traditional public mental health care as too deficit-based and preferred private, strength-based coaching services. Nordby et al. [53] stated that focusing on the positive aspects of ADHD may be beneficial in supporting a more ability-oriented view on ADHD and, also, increase client engagement in rehabilitation. According to Barry et al. [54], it is essential that academic students with ASD are supported in understanding their abilities through a strength-based approach.

This study suggests that members of multiprofessional teams consider rehabilitation readiness as necessary for the client to proceed with their personal goals in their daily life, work, studies, and social interaction. This readiness comprises a variety of personal features, such as motivation, suitable life situation, and skills to identify and express one's needs and thoughts. This type of personal view on readiness shares similarities with behavior change theories such as the Transtheoretical Model of Behaviour Change [55], where readiness is seen as a person's readiness to change. In this study, rehabilitation readiness was also seen from the perspective of the service system, where previous or simultaneous support services may enhance the client's rehabilitation readiness. Also, ASD and ADHD are increasingly diagnosed in adulthood [56], which may affect the rehabilitation readiness of

these individuals because they might not have received any prior services, for example, psychoeducation. Kuo et al. [57] stated that more should be known about the skills targeted in childhood in order to achieve better outcomes in adulthood in persons with ASD, which brings out the cumulative nature of services received in individual service paths.

4.3. Interplay Between Concreteness and Reflexive Reasoning

In this study, reflexive reasoning is described as a discussion-based method used for enhancing clients' self-understanding about their strengths and limitations and their desired future from the perspectives of educational, vocational, and everyday life. Similar ideas have been presented, and are linked with psychoeducational [58] and coaching approaches [59] and the Person-Centered Rehabilitation model (PCR) of Jesus et al. [60]. In psychoeducational approaches, information about the diagnoses is applied and reflected in an individual way and the clients' own resources and strengths are identified [58]. In coaching approaches such as Occupational Performance Coaching (OPC), reflection is used to foster the client's deep thinking, problem-solving, and exploration of resources [59]. Reflexive reasoning also relates to the adaptive and non-script-based nature of the rehabilitation process, which the professionals emphasized during the interviews. This also contributes to individual progress during the intervention process and the contents of therapy.

According to the professionals interviewed in this study, fostering concrete solutions and actions is one of the core components in conducting Oma väylä. This resonates with ideas presented in previous studies. First, concreteness refers to the solution-oriented approach, where the focus is on solutions instead of problems [61]. Second, it refers to individualized practices identified and established during the rehabilitation. Marcotte et al. [62] reviewed rehabilitation interventions targeting the concrete skills related to independence at home among persons with ASD aged 14 years and older. They noted that, for example, video self-modeling, video modeling, video prompting, and training in the use of cognitive aid enhanced independent living skills and task completion. The professionals in the present study also described using different kinds of prompts, such as visual schedules, timers, and alarms, as concrete practices that were tested during rehabilitation to support task completion in daily life and studies. Third, concreteness may enhance a client's motivation, as concrete achievements increase the sense of competence and self-efficacy [63]. Concrete achievable steps are also considered important, for example, in OPC [59] and solution orientation [61]. In this study, the professionals emphasized experiencing success, which became possible, for example, when a client identified and adopted suitable concrete practices.

4.4. Trustful Relationship Forms Basis for Rehabilitation

In the present study, a trustful relationship between the client and the professional was described as significant in the implementation of successful rehabilitation. The therapeutic relationship has been identified as an important component in many interventions, for example, in cognitive behavioral therapy, as, e.g., in [64]. In the PCR, it is described as a supportive relationship based on the professionals' willingness to give time and attention to building a trustful relationship with the client [60]. In the field of occupational therapy, for example, Restall and Egan [65] have raised the importance of safe, collaborative relationships that promote self-determination. According to the OPC, the collaborative and equal nature of the relationship is a crucial condition to understanding a client's situation profoundly [59]. This is consistent with the professionals' views on the trustful relationship that enables reflective reasoning and concreteness to evolve.

4.5. Opportunities to Be Involved in the Community

The core components of the rehabilitation continuum category illustrate the professionals' perception that, in addition to personal progress made during rehabilitation, it is important to establish a rehabilitation continuum in the clients' real-life environments after the rehabilitation period. This resonates with the findings of Fleming [66], who studied

the reasoning styles of occupational therapists and found that in conditional reasoning, the professional interprets the meaning of rehabilitation in the context of a possible future for the client and uses that as a guide in the therapy process. In solution-focused and strength-based approaches, the focus of intervention is on the future and the kinds of resources and opportunities the client will have [61]. This supports the idea of imagining a satisfactory future together with the client and striving towards it in rehabilitation. Collaboration within the clients' networks is essential in turning the image of a satisfactory future to concrete form, and, indeed, it was identified as a core component, together with mapping suitable future possibilities. For example, in the qualitative study of Kuo et al. [57], interagency and multidisciplinary collaboration were presented as essential in targeting the varying needs and multi-sector challenges of persons with ASD.

The variation of opportunities and person–environment fit came to the fore in this study, when the professionals discussed establishing a continuum of rehabilitation. The person–environment fit can be defined as a match between individual needs and opportunities in education, work, and community [26]. Furthermore, young adults with ASD and their parents emphasized the importance of individual academic accommodations in education settings. Also, in work settings, the parents were concerned about a lack of opportunities that would fit their child's abilities, needs, and preferences [49]. Nordby et al. [53] studied the experiences of adults with ADHD and found that the core characteristics of ADHD, i.e., impulsivity or hyper-activity, can be perceived as beneficial depending on the context. When establishing a rehabilitation continuum, it is important to identify the environments and occupations where the clients' strengths can be activated. This is consistent with the findings of this study, where the professionals emphasized focusing on the strengths and interests of the client and mapping suitable future possibilities.

In the present study, the professionals pointed out that in order to enable diverse opportunities for persons with ADHD and ASD, attitudes should change, as, for example, in the working life setting. This is consistent with the parents' views in Sosnowy et al. [49], where they hoped for working environments where young adults on the autism spectrum were valued and supported. Change is needed in the attitudes towards the characteristics of ADHD and ASD, which can also be seen from a positive perspective [53]. In their scoping review, Khalifa et al. [67] found that employers' and co-workers' support was an important factor when implementing accommodations and creating a positive work environment. Anderson et al. [26] stated, based on their qualitative review, that the support in the transition phase should focus on the social and physical environments rather than on changing the behavior of individuals with ASD. This is in line with the core components formed in this study, where promoting awareness and inclusion and collaborating within the clients' networks were seen as vital practices of the professionals.

4.6. Adaptable Periphery of Rehabilitation

Certain elements included in Oma väylä rehabilitation, such as group meetings, peer support, and the involvement of close relatives, did not come up as core components in this study, even though they are generally considered as important in the rehabilitation of the target group, e.g., as in [19,68]. In the Consolidated Framework for Implementation Research (CFIR), the intervention components are divided into core components and adaptable periphery. Adaptable periphery refers to the elements of the intervention that can be tailored to the context or the clients' individual needs [69]. Assumably, peer support and involvement of close relatives, for example, are in the adaptable periphery. Adaptable periphery can be viewed from the conditional-recommended perspective, which means that some elements can be core components under certain circumstances (conditional), or they can enhance the effects of the intervention (recommended) [70]. This is a useful perspective when further exploring the components of peer support and the involvement of close relatives.

4.7. The Strengths and Limitations of the Study

This qualitative study was conducted in the context of Finnish rehabilitation services, and a specific multiprofessional intervention targeted at young persons with ASD and ADHD. This means that the knowledge attained in this study may have transferability only to contextually similar situations. The data were gathered from the participants of five multiprofessional teams that varied in terms of location, the size of the organization, and the composition of the team. We found the informative power of the data to be high rather than low because the participants represented a selected group of professionals with specific knowledge and experience, the dialog was strong rather than weak, and the aim of the interview was narrowed through the use of vignettes [43]. A vignette-based interview [40,41] proved to be a suitable method when reaching for pragmatic knowledge to explore core components. However, it is possible that the vignettes have somehow limited the areas of discussion in the interviews.

Two researchers conducted the data gathering and were mainly responsible for the data analysis. However, critical reflection was maintained by the members of the whole research group throughout the analysis process and reporting of the results. In addition, the distinct roles and diverse backgrounds of the researchers complemented each other during the research process. In the future, various kinds of research and knowledge are needed to empirically validate the identified core components. It is essential that the perspectives of persons with ADHD and ASD are taken into account in order to broaden the understanding of the core components.

5. Conclusions

Based on vignette-based focus group interviews with rehabilitation professionals, this study presented the core components of and suggested the vital practices in conducting rehabilitation among young persons with ADHD and ASD. According to the results, it is essential to pay attention to the appropriateness and timeliness of rehabilitation. Clients should have a readiness to actively engage in the individual goals of meaningful daily life, work, and studies. The cumulative nature of rehabilitation readiness should be noted when developing rehabilitation services for people with ADHD and ASD. In addition, adult outcomes for daily life, work, studies, and social relationships should be considered as part of the wider chain of services across an individual's lifespan. Adaptive progress is essential in the rehabilitation of young adults with ADHD and ASD to ensure the individuality of the rehabilitation. The focus of the rehabilitation should be on strengths and solutions instead of deficits and challenges. To establish a rehabilitation continuum, it is essential to collaborate within the clients' networks and to promote awareness and inclusive opportunities for working and studying for people with ADHD and ASD. Moreover, from a pragmatic perspective, rehabilitation should integrate theoretical knowledge with practical applications, to ensure that interventions are both scientifically sound and practically effective and meaningful.

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Data Availability Statement: The datasets generated and analyzed during the current study are not publicly available due to research permission and their containing information that could compromise research participant privacy/consent.

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