Adynamia following brain injury is related to difficulties with ability to initiate or start activity, and to the ability to keep going to finish an activity or task.

Understanding Adynamia and Lack of Motivation

Introduction

Adynamia following brain injury is related to difficulties with ability to initiate or start activity, and to the ability to keep going to finish an activity or task.

- After brain injury a person may show decreased or lost motivation and drive, and have difficulty planning and carrying out activities. They may experience loss of interest and enjoyment of previous enjoyed activities and interests.

- Adynamia can cause greater difficulty with new or more complex activities or behaviours, particularly those with many steps, or where there is a sequence of tasks.

- Sometimes a person will be able to talk about plans, goals and activities that they want or need to do, but have difficulty starting or completing them. The person may know what to do, but may not do it.

- Most people with adynamia will still be able to carry out many of their normal everyday activities, particularly if those tasks are easy, familiar, well-structured, or are routine or habitual activities.

- In severe cases of adynamia, a person may be unable to perform basic self care activities such as showering, dressing, may not eat, or may not take care of basic household tasks e.g. cleaning, taking medication, taking out the rubbish, paying bills, contacting friends or family.

- People may think that the person with adynamia is lazy, lacking in motivation, or think they are not making an effort., but the brain injury itself will often be the cause of the problems.
Tips for Helping with Adynamia

Structure and Routine

- An environment that is organised and structured with regular daily routines and activities is more likely to result in participation and completion of activities and tasks.
- A person with mild difficulties may be able to independently use checklists, diaries and visual cues and prompts as a way to increase their independence.
- If a person has more severe difficulties they may need more external support such as prompting and reminding along the way. Phone calls, texts, and emails can help keep things on track.
- Break down bigger tasks into smaller steps that are easier and quicker to achieve (see associated sheet on goal setting).
- Structure and routine decrease demand on memory and thinking skills and increases confidence, so:
  - Use checklists
  - Use plans
  - Use reminders
  - Use a diary, calendar or whiteboard (or all of the above)
  - Schedule activities and tasks

Having Fun

- A person will have more energy and motivation for an activity if it is something they enjoy or would like to do.
- Explore previously enjoyed activities and interests as well as new things. Look in the local area for new ideas e.g. newspapers, websites.
- It is also important to know what activities a person didn’t enjoy prior to their injury. Expecting someone to do activities that they previously disliked or found difficult may be unrealistic.
- To increase motivation and energy, build in plenty of rewards and pleasurable, fun activities. Plan a less desirable activity or task, alongside something more interesting and enjoyable.
- Keep photos and keepsakes to remind the person of activities they enjoyed, as this will help in maintaining interest and motivation.

Offer Choices

- Make suggestions and come up with a range ideas and suggestions.
- Be clear and consistent in the way activities or tasks are presented as an option. For everyday essential tasks and activities give structured choices or options.

For example, “Will you wash or wipe the dishes up?” or “Would you like to have a shower now, or in an hour?”

- Either / Or choices will work better than a choice of whether to do a single activity or not.
- Encourage the person to participate in the decision making so they choose what they would like to get done or need to get done, and when they would like to do it.
Social and Communication Skills

- A person may have difficulty starting conversations, or in keeping a conversation going.
- Make a list of conversation topics e.g. sport, news, family which the person might enjoy, or can easily talk about.
- Get to know the person and their interests, and introduce topics into the conversation e.g. cars, sport, music etc.
- Try to ask open-ended questions, e.g. “what do you think about it”, rather than questions that can be answered with a “yes” or “no”, as this will tend to stop conversation.
- Take time and listen.

Other Resources


Notes:

Want to know more?

Contact your ABIOS Case Manager or Neuropsychologist

© The State of Queensland (Queensland Health) 2017
Acquired Brain Injury Outreach Service PO Box 6053 Buranda 4102

Reviewed Aug 2017 For Review Aug 2018: ABIOS Neuropsychologist