

Restoring Speech After Stroke - Brooke Lang

Brooke Lang is “the real deal” when it comes to speech therapy. Join us for some tips that may help you recover your speech after stroke.

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Website

Highlights:

00:55 Introduction - Brook Lang Speech Pathologist

01:54 What got Brooke Lang into speech pathology

06:10 What’s the idea behind intense rehabilitation?

10:08 How soon should you begin the therapy?

17:25 Stuck in a phonological loop

23:08 The three-pronged approach to stroke recovery

30:08 Education and involvement of family members

45:09 The importance of finding a new identity

58:43 The importance of asking yourself “should” vs “want”

1:04:32 The importance of taking control of your recovery

Transcript:

Bill Gasiamis 00:00

I always loved referring back to the physicist Stephen Hawking, you know, the guy couldn’t speak, talk, walk, couldn’t do anything. And he was still at the top of his game.

Brooke Lang 00:12

Yeah, exactly.

Bill Gasiamis 00:15

Everyone else learned how to be around him. They all adjusted themselves, they all stepped up, and they all grew. And they all found new ways to interact with somebody who most people would have written off. Right. And the only person

who didn't write himself off was him.

Intro 00:42

This is the recovery after stroke podcast, with Bill Gasiamis, helping you navigate recovery after stroke.

Introduction - Brook Lang Speech Pathologist



Bill Gasiamis 00:55

Hello, and welcome to episode 247 of the recovery after stroke podcast. My guest today is Brooke Lang, a speech language pathologist and the founder of Integrative Reconnective Aphasia Therapy.

Bill Gasiamis 01:08

She has been described by one of her patients as the real deal. And today, we hope to bring you a few things to consider as you go about recovering your speech after stroke. Brooke Lang, welcome to the podcast.

Brooke Lang 01:22

Thank you.

Bill Gasiamis 01:23

Thank you for being here. I reached out because one of my coaching clients told me that you are the real deal when it comes to supporting people with regards to recovery from aphasia.

Brooke Lang 01:37

I mean, I feel lucky to do what I do. It's such a crazy thing. And it's, you know, quite common.

Becoming Brook Lang: Speech Pathologist

Bill Gasiamis 01:54

How did you get involved in aphasia help? How does somebody get motivated to work in that space? Usually, I've found that a lot of people who work in the space of supporting other stroke survivors or people who have gone through a rough

time have got somebody that they know or history of someone that was struggling with something similar. What's, what's your path towards this type of work?

Brooke Lang 02:23

Actually, you know, I decided to be a speech pathologist. Because in high school, there was one of the students who has cerebral palsy. And I remember he was not able to communicate verbally at all.

Brooke Lang 02:43

But he had a device. And I just found it amazing that although you didn't express themselves verbally, how much he was able to communicate using the device. And that's kind of just what made me start looking into speech pathology.

Brooke Lang 02:58

It is such a broad field. We do so many different things from working with kids with articulation to working with tracheostomies etc, and then aphasia. I ended up doing my fellowship at the VA here in Pittsburgh, Pennsylvania.

Brooke Lang 03:20

And we had a program where we served veterans who have aphasia, and we would see them intensively. So we would see them for a month. And we would see them for five hours of treatment a day.

Brooke Lang 03:34

And I think that's really where I just fell in love with it. And discovered that it's such a challenging area, there's no black and white. Everything has to be so personalized and individualized. But it's sort of what I enjoyed about it.

Bill Gasiamis 03:55

The vets would have come to have aphasia in a number of different ways. Is it stuff that's related to what's happened on the battlefield? Or is it stuff that's related to regular life like stroke and those types?

Brooke Lang 04:09

A combination, so some had gunshot wounds, but at most were unrelated I would say and more likely as a result of a stroke to the left hemisphere that resulted in them having aphasia.

Bill Gasiamis 04:26

Yep. So when you get approached by somebody to help them with a speech issue, how do you determine what their issue is because you hear about aphasia, but there's a lot of things that are stopping people from speaking. It's not necessarily the ability to not make the words and say the words it could be something else. So what are some of the other things that cause communication issues?

Brooke Lang 04:54

Well, I mean, when you have aphasia, there's you know, we think of it as a language disorder, so it's not just somebody having trouble communicating verbally, they likely also have trouble processing language.

Brooke Lang 05:12

And as well as reading, understanding what they read reading aloud and writing, so all of that sort of language expression, and the processing piece can be impacted. And the thing with aphasia is, everybody's different.

Brooke Lang 05:27

There is they say that when you've seen one person with aphasia, you've seen one person with aphasia, and it's so true. Even if, you know, the area of damage is quite similar, they can still have completely different symptoms and characteristics.

Brooke Lang 05:45

So I mean, you really have to take each individual person, as an individual person, talk about what their challenges are, do the appropriate assessments, you know, we have certain things that we do to kind of dig into what we feel that underlying issue might be, and then do our best to target that impairment and that deficit.

What's the idea behind intense rehabilitation for Restoring Speech?



Bill Gasiamis 06:10

When I hear five hours of rehabilitation a day, intense rehabilitation a day, I'm tired, just listening to that. I imagine it's really difficult, somebody with a stroke, who has aphasia as one of the deficits that they've acquired is also probably suffering from fatigue.

Bill Gasiamis 06:32

Do you work towards five hours? Or do you just start with five hours? What's the idea behind doing such an amount of therapy, I remember trying to learn to walk again. We were doing five minutes at the beginning, and then 10 minutes and then 30 minutes.

Bill Gasiamis 06:53

And I was exhausted after every one of those efforts. So how does that intense amount of therapy help people overcome the deficit? And how does it support them to get their speech back?

Brooke Lang 07:12

Yeah, great question. So in that program, the individuals tend to be more in like the chronic phase. So they're at least a year out from their stroke, not that they're not still experiencing that neuro fatigue.

Brooke Lang 07:30

But they've sort of gotten past that initial time. And is it something that they work up towards? No, it's what they sign up for. And, you know, we put them through a three hour assessment, and see how they kind of handle that.

Brooke Lang 07:48

And I mean, it's amazing what people are willing to do, you know, to do their best to recover. I mean, I with my own practice, I do have intensive programs too where people sign up to do three hours a day, five days a week, and even doing it on the computer.

Brooke Lang 08:07

And, again, people surprise me time after time. It is such hard work. It has got to be exhausting, but they power through and, you know, people are willing to do what they can to get their communication back.

Bill Gasiamis 08:22

Is there something about doing a work to exhaustion, so I'm thinking about going into the gym, you always hear about let's do that last set that last rep. You always hear about moving beyond what's comfortable, and then going to exhaustion, and then stopping.

Bill Gasiamis 08:43

Does that benefit somebody? Because I would have thought that when you take somebody to exhaustion, especially in the fourth hour, and then the fifth the ability to retain information and to hold on to new learning severely declines? Or is that just not true?

Brooke Lang 09:04

Yeah, I don't think it's the same as comparing it to, you know, your gym, exercise workout, I think you're right. And there's still a lot of research, excuse me that they're doing to try and figure out what is that comfort spot where it's a good amount of intensive therapy.

Brooke Lang 09:24

Like they found that intensive therapy can be really valuable, but how much and for how long is really kind of the big question that they're doing a lot of studies looking into and examining that but you know, I tell my patients, it's just as important to rest as it is to work on their recovery and equally important so I encourage breaks and naps because I think that's huge. And it's what's necessary in order for their brains to make the necessary changes.

How soon should you begin the therapy?

Bill Gasiamis 10:08

When would you rather see somebody? Would you rather see them at the very early stages of their stroke recovery? Or is it okay to see them after some time has elapsed? I imagine that if it was me, I'd want to get to you immediately.

Bill Gasiamis 10:22

But some people don't have the opportunity to. And then they may also feel like, it's too much time has passed, and now maybe it's too late for me to get my communication back.

Brooke Lang 10:37

I have a lot to say about that, actually. So I think it depends. Yes, typically, I think I'd like to see somebody right away, because what can happen. So in that first, and neurologists will tell their patients, you know, that first six months to a year is crucial.

Brooke Lang 11:00

And it is, but also, people need to know that after that first year, they can absolutely still make a lot of gains. So just because that one year mark is up, does not mean that that's it. But a lot of times, if I see somebody earlier on, they might still be having medical challenges and not be as stable as they should be in order to fully benefit from the treatment.

Brooke Lang 11:28

Like if they're having seizures, or again, if they're, you know, still getting a lot of tests, and they're extra tired. And again, that fatigue piece is another thing to take into consideration.

Brooke Lang 11:40

But sometimes when I see individuals later, which is sort of when I do end up seeing probably most of them, they're usually at least six months out. If not, I get people who are eight years out and want to pursue treatment.

Brooke Lang 11:58

But sometimes they've developed some maladaptive behaviors over that time, that can be tough to break. But that need to be sort of broken before we can move forward and really, you know, work on the language recovery piece.

Bill Gasiamis 12:17

When I hear maladaptive behaviors, what I hear is that they might have beliefs, thoughts or ideas about what's possible for them, and why they can't communicate. And that's getting in the way of the communication more than their deficit or more than the injury has caused.

Bill Gasiamis 12:36

So I tend to, it's not the right word, but I tend to relate to it as negative Neuroplasticity where they've, instead of how to use Neuroplasticity for a positive purpose and getting a good outcome.

Bill Gasiamis 12:49

They've created neurological pathways. And they've applied Neuroplasticity in a negative way, perhaps they didn't know that they were doing this in a negative way. And then as a result of that they've reinforced that inability to communicate. They believe it in every way. They think that it's potentially them forever. And then that they're getting in their own way of their ability to communicate.

Brooke Lang 13:27

Yeah, I think that's definitely a piece of it. And I mean, I have had conversations with some of my patients, telling them that you are the one standing in your own way, at this point, you know, and until you get out of it, you're not going to be able to move forward.

Brooke Lang 13:44

And of course, that's easy for me to say I'm not the one going through it. And it is no easy road. It is no easy feat. And aphasia can really disrupt not just the lives of people with aphasia, but everybody around them and everything that it involves.

Brooke Lang 14:03

But I also think, I mean, I think you bring up a really good point about that, almost like the mental, emotional, negative Neuroplasticity end of things, but I think too, they develop just even, like maladaptive behaviors with their speech, like starting a sentence over and over, they almost sound like they're stuttering, because they won't finish or complete their thought.

Brooke Lang 14:30

And it's their way of feeling like if I get that running start, maybe that word will come out, and they start their sentence, and they start their sentence, and they start their sentence over again until they can get that work where I when I work with them, I do not want them going backwards.

Brooke Lang 14:50

Just keep moving forward. And again, just some of that little stuff that can make a big difference early on. But again, if they're they've been doing that for five years. It can be a bother to break that, you know?

Bill Gasiamis 15:04

I hear you. So I hope you don't mind cussing because I'm just going to cuss in context of.

Brooke Lang 15:09

No I love cussing.

Bill Gasiamis 15:12

It's not normally a cussing podcast in the context of this particular case. So one of my clients, he's also one of your clients can only get the word f*** out. And that

fascinates me now.

Bill Gasiamis 15:29

F***ing f***, and f***, and that's kind of how he goes about expressing his level of frustration, depending on the tone, and the length of it. And the way that he says it, you can kind of get grasp a little bit about how he's feeling about something.

Bill Gasiamis 15:49

I know this is going to be a difficult question for you to answer. How is it possible for one word, and I'm going to continue this by telling you in a moment, the next part of this story and why I'm asking it, how is it possible with one word to be stuck there? And that's the only word okay, I know, you might not be able to answer that.

Bill Gasiamis 16:09

Also, my godfather passed away about two or three years ago. And he unfortunately had a tumor in his head and it was inoperable. And when it grew, and all his faculties went away, most of them went away.

Bill Gasiamis 16:25

The only word that he could communicate with was the same word. And he was, you know, is a Greek guy came from Greece in the 1980s to Australia had no language other than that one word, he was just throwing out to my godmother, his wife, f***, f***, and f***ing f***.

Bill Gasiamis 16:48

It was like, ridiculous that I've come across it twice now. And I don't know, how to even begin that conversation with you. I don't even know what to say. But I feel like you need to address it, because you're the speech therapist.

Brooke Lang 17:04

I can address some of it. So and I have a third case, relating to that, that God bless her was a nun. And I kid you not that was the only it's a heck of a thing, right? Like how awful and so there are other individuals.

Stuck in a phonological loop

Brooke Lang 17:25

So that's a more severe type of aphasia. Now there are what sort of happens, what we believe happens is, it's almost like they get stuck in a phonological loop. And they can't get out of it. And it takes a lot to start to get them out of it.

Brooke Lang 17:47

They can be sort of the toughest individuals to treat. But the other piece is, is that any word like swearing tends to be highly emotional. And a lot of times, sometimes the first thing ends up coming out, because the person is frustrated, they're scared or angry, is sometimes a swear word. And so we'll have people who come and say, My husband never swore before.

Brooke Lang 18:14

You know, we go to church every Sunday, and now he has a Trucker Mouth. And that can happen because again, it's like, it's almost like an automatic thing that comes out, they have no control over.

Brooke Lang 18:29

And I've had patients too and what's interesting, like you said is their intonation for what they're trying to express is accurate within that F word framework. Right? And so, I mean, I had a patient who all he could say was dooey. So it wasn't a word. It was just a made up little two syllable chunk.

Brooke Lang 18:55

And he would have full conversation in his dooies, dooey dooey the dooey dooey dooey? And like, again, I knew if he was asking you a question, if he was excited about something all in his dooies.

Brooke Lang 19:08

And so it's a, just a vicious cycle within that phonological loop. They can be broken of it. But it's tough, because again, it's like that loop has been reinforced over and over and again, depending how long they've gone like that.

Bill Gasiamis 19:29

So I'm a glass-half-full kind of guy. So when somebody says one word, I'm figuring okay, we can get two words. I'm certain of it. And then I'm not a speech pathologist. So I don't know the process, but I just stick on the fact that one words possible two words possible. We'll and then we'll work on three.

Bill Gasiamis 19:50

So I figure that perhaps. And this is just me running with new hypotheses as you're describing what you're describing. If the word that comes out is an emotional response, I feel like then what we're doing is perhaps bypassing the head and creating a heart response.

Bill Gasiamis 20:17

And it's kind of recruiting the heart to get the communication going where the head has not been able to. And maybe what that sounds like to me is that, although that is a positive, because we've got one word, and we've got our way of expressing something, we've got some kind of expression.

Bill Gasiamis 20:38

Perhaps what we're doing is, again, that could be one of those things that diverts away from rehabilitating the head loop the head path in communication from the mouth and the brain. Does that all resonate with you? Is there any thing there that kind of sticks out with you that you think, perhaps is plausible?

Brooke Lang 21:03

I think if it's that emotionally driven word, you know, yeah, I do think that there has to be sort of something that shakes things up of it. And I mean, very much aphasia therapy has to involve some sort of emotional support.

Brooke Lang 21:25

Again, the more our mutual, individual that I haven't really worked with, but sort of assessed, I mean, just the tension, you can see it, everything builds up. That is the worst thing for somebody with aphasia, but again, what do you do, he's trying so hard, he's frustrated, you know, but until you get that person to relax, figure out a way to kind of work through it, words are not going to come out the only thing to come out is that backward.

Brooke Lang 22:01

But what's interesting, too, about those individuals, more so I think, when it's not an emotionally driven word, like the dooey dooey situation, if you play a video back of them, talking in their dooey dooey dooey, and you say, you know, does that make sense what you're saying, then?

Brooke Lang 22:25

They say yes. So when they go back and listen, they're processing, what's going back in is not accurate. So the problem becomes they're not aware always, of

what's coming out of their mouth, which is what makes them sometimes a very challenging treatment candidate.

Brooke Lang 22:48

You know, first you got to make them aware. So and it's different. Again, everybody's kind of different. Sometimes the awareness piece can be a little bit better. But that can happen too you got to think about not just what's coming out but what's being looped back in.

The three-pronged approach to stroke recovery and restoring speech

Bill Gasiamis 23:08

Yeah, I want to go back a little bit to what you said about the tension and the stress and all that kind of stuff. And I've always said, that stroke is a three-pronged approach, a recovery to stroke is a three-pronged approach. It's emotional, its psychological, and its physical.

Bill Gasiamis 23:31

And in those headings, there'll be little subheadings. And for emotional, it might be connecting to spirit or finding God or whatever. And then for psychological, it might be coming to terms with things, it might be letting go of old thought behaviors and thought patterns about what you're capable of.

Bill Gasiamis 23:50

And for physical that might be I'm afraid to walk and of falling over. And then gets stuck just pushing through the physical thing. So that you can rehabilitate your, your arms, your legs, and maybe you have learned-non-use. So somebody has had a physical injury, they've learned not to use that arm, and then that's the biggest thing standing in the way of them using their arm rather than the injury.

Bill Gasiamis 24:15

And it sounds like what you're saying is you're confirming my idea, my thought that if you don't deal with anger, you can't create the right space, perhaps, for things to flow in a way that will support speech. And the way I see it is when you're tense and angry, not only is your physical body in a different state, because you're all tense and tight and you can't move properly, well then that will impact

your muscles of your throat and the way that your mouth works and your jaw works and all that kind of stuff.

Bill Gasiamis 24:58

And then will also impact the kind of words that you're going to get out. So I feel like it decreases the number of words that you can practice simply because when you're, I know when I'm seriously angry, I can't talk about love. And I can't talk about excitement.

Bill Gasiamis 25:14

My vocabulary just decreases dramatically. And it's not normally nice. So that being able to work on one's self, as well as have speech therapy seems to be something that has to happen together. And that's what I try and encourage my clients to do, regardless of whether they have aphasia or not.

Bill Gasiamis 25:43

I try to encourage them to do their therapies, simultaneously or together, where one day is speech therapy in one day might be psychological counseling, one day might be physical therapy, and it's all being done. Because one does support the other. I feel like they all support each other.

Brooke Lang 26:07

Yeah, I mean, without question, the whole premise behind my practice is treating the whole person. Right? If I'm just doing speech and language sessions, and that's it, and I'm not considering anything else in that person's environment, whether it's internal or external, I'm failing them.

Brooke Lang 26:30

And so yeah, I mean, I love what you're saying. And I work on physical, with my patients. Again, I'm not a physical therapist, but we can absolutely incorporate gestural movement I make my patients use their right side, which is usually having credit. And they're typing with their right hand, or they're gesturing with their right hand.

Brooke Lang 26:58

But then the emotional piece, I think, is huge. And again, if that's not taken care of, it stands in the way so much. As I've worked more with individuals, especially ones that get that tension, you can hear the difference in their voice when they let it go.

Brooke Lang 27:22

Like, they literally have a different voice. And I say to them, I said, I bet that's your voice. And it's right on. And they start to realize that as soon as they just reset, I use that a lot. Like just stop, reset, take a breath, let it go. And as soon as they kind of just let it go. That words there.

Brooke Lang 27:45

Now, not always right. But like there is something to that. And I know there's been a lot of research starting up to with like mindfulness in aphasia therapy. And I mean, again, I think there's something to be said, for that I think you have to whatever approach works for you. But again, that the emotional, mental well being has to be taken care of.

Bill Gasiamis 28:12

There's a thing you hear about in physical therapy, the plateau. And when people reach the plateau, they get sent off to go home, because apparently, it's too hard to train people who are at a plateau. And, you know, therapists who are well intentioned will say, that's probably all you can expect to get back. Is there a plateau in recovering speech? How do you guys deal with a plateau? I don't know if there is one.

Brooke Lang 28:44

There are people speech pathologist neurologists who will say that there is there is not a plateau and it really bothers me to hear that word. Or when people come to me and say, you know, I've been discharged from therapy because my speech pathologists told me, I've plateaued, it's like nails on a chalkboard.

Brooke Lang 29:09

Because, again, that can make the difference between that person saying, Okay, I guess I'm done. And just being where they're at, versus being somebody like yourself, who has had a heck of a recovery because you kept pushing forward. And sometimes it's all it takes for them to kind of be crushed. And they might not pursue anything further. And it's, it's just not the case. If they're continuing to work at it. And there's some support around them. People with aphasia can continue to get better for years and years.

Bill Gasiamis 29:46

We have definitely discussed how we can get in our own way of recovery. But

then, there's some other things that happened to get in the way recovery, well, meaning loved ones sometimes just might get in the way, and loved ones, or people who are not well meaning and they're not necessarily loved ones.

Education and involvement of family members



Bill Gasiamis 30:08

But what are some of the tips that you can give to people who are trying to support somebody with aphasia? Because they would be completely not understanding it, in most cases that would have no idea how to even get their head or wrapped their head around that. And they would have these ill formed ideas of what the other person perhaps is trying to do or not doing or how lazy they're being or what are some of the tips and how do you involve family members in the rehabilitation or one of your clients?

Brooke Lang 30:44

I mean, I think the first thing is making sure that they're educated. And unfortunately, at least here in the US, when people are discharged from the hospital, a lot of times, they don't even know they have aphasia, or they That term has been thrown out, and they have no idea what it is.

Brooke Lang 31:05

And so I think just education of with both the individual who's experiencing the Aphasia, and the caregivers, or loved ones, or whomever they are, and involvement in therapy, a lot of times, you know, they come to the clinic, and the loved one sits in the waiting room, I think loved one should be involved, if that person feels comfortable.

Brooke Lang 31:29

I have some individuals who work really well together, I have others who don't. And that's fine, too. But there's always ways around it. I think it's important for the individual with aphasia to be the first person or the main person to discuss what they want out of therapy.

Brooke Lang 31:51

I think a lot of times goals come from the wife, or the husband or the daughter, when we never asked well, what is it that you want? And it can be hard if somebody has trouble communicating, right? How are they going to tell me what they want.

Brooke Lang 32:07

But again, there's ways to support their conversation. A lot of times they benefit from seeing words, I mean, there's ways to kind of, again, help provide visual support, so they can understand and contribute to that process. So they need to be involved in the goals.

Brooke Lang 32:26

And I think it's important to have not just, you know, therapy, but incorporate speech and language tasks, and even physical tasks, whatever it is that they're trying to rehab, without making it feel like therapy, and creating sort of a routine. That because a lot of times these people are used to being at work all day, and now they don't have a job, they can't work. They're bored, they get depressed, they're isolated.

Brooke Lang 33:00

So if they have something to stick to, something to commit to, I find that they have a lot more success and, you know, maintaining that schedule, doing something productive, having a purpose for the day. So even if it's, you know, they cook dinner every night, okay, so while you cook dinner, talk about what it is that you're doing as you cook dinner. It's it's a language task that's already built into what you're doing.

Brooke Lang 33:29

But you don't have to sit down and do work, you know, I think, go on a walk and talk about what you see. You know, there's just there's tons of things that you can do that, again, can be built into what you're doing can kill a couple birds with one stone. And I think helped MIT help you progress a little bit quicker. And it's kind of like a built in home program. Yeah.

Bill Gasiamis 33:56

I love that idea of speaking through your process, whatever you're doing, whether you're walking or cooking, and what you see, I think that's brilliant. I mean, I remember that's how my children started to communicate really well when they

were kids, right? We would go dog, and then they would say, ah, bike, and then they would say all these things that they thought while they're interested them and that they thought that I needed to know about.

Bill Gasiamis 34:23

So I liked that idea. You sometimes come across people who on socials or wherever, they'll post something along the lines of not stupid stroke, or not stupid aphasia or not stupid one of the other communication disorders. I imagine a lot of people come in after having had successful life will call will name a successful one where they're walking, talking, working and doing all that regular things that we all do.

Bill Gasiamis 35:02

And then they have this thing occur to them, and then they can't speak, and perhaps feel that they are somehow unintelligent. But I know that people are judged that way by people who are ignorant to stroke and to all of the issues that it creates. How do you? How do you address that? How do you know if that's a thing that's happening to somebody while they are coming to therapy?

Brooke Lang 35:39

Um, well, you can tell just by their demeanor. For one thing, I think if if they're feeling that way, and I always try to remind my patients because it is it's easy to feel that way. Because as a society, I think we do tend to judge people based on how they communicate.

Brooke Lang 36:01

And what happens is, is then there, you know, the person with aphasia is being once they open their mouth, and somebody realizes there's something wrong with them, either they're looked at strange, somebody starts talking really loud to them, and they're condescending, you know, and so, you know, even if that person didn't say, Wow, you must not be very smart. They feel that way. You know, rightfully so.

Brooke Lang 36:28

But I like to tell them that there's nothing has changed with how smart or how intelligent you are. All that knowledge, all that skill is still there. You just have some trouble access. It's an access issue. But it's all there. And I encourage them to tell other people that whether they have to show them on a on a note card, or,

you know, because right, like you said, I mean, people make two T shirts out of it hats.

Brooke Lang 37:03

But it's out there. Because I mean, people are being judged all the time, people think the individuals with aphasia or on drugs are, you know, mentally ill, I mean, you name it, and they've been accused of such so. And that's just a lack of awareness, lack of education. You know, gotta do more with that.

Bill Gasiamis 37:25

We've spoken about aphasia a lot, simply because what inspired me to get in touch with you was my client telling me about how amazing you were and that I needed to get you on the podcast. And I did what my clients say.

Bill Gasiamis 37:40

But I imagine there's a whole bunch of other issues that arise as a result of stroke, and then language and then communication. What are some of the other conditions that this conversation applies to that is not necessarily aphasia? Does it apply this conversation to other speech disorders? That we've?

Brooke Lang 38:03

I mean, I would say yes, I mean, I think, again, we take communication for granted. And don't realize what we use it for, and how much we need it sometimes. And I think that anybody with some sort of speech impediment, or speech impairment, again, gets sort of judged. And I think it can be, you know, again, as a society, I don't know if we're always accepting of that. And I think we're quick to jump to conclusions about what might be going on.

Brooke Lang 38:42

And there's not always a whole lot of support, you know, for those individuals, so I think they're always, again, whether it's aphasia or something else, I think they're always kind of struggling to find ways to, you know, make that order at the drive thru a little bit easier. And again, any high stress, of course, they're going to be a little bit more anxious in that kind of situation.

Brooke Lang 39:04

Or if they even just have to go to the bank teller, and make a, you know, transaction, it's a stressful situation. And as soon as they open their mouth, they have trouble communicating, you know, everything can kind of fall apart. I have

found too, that when somebody has a physical impairment, which, you know, you can have aphasia and have no physical impairment, or you can be coming kradic on that right side.

Brooke Lang 39:35

So have some, you know, weakness on your right side, right arm, right, like the individuals who have physical impairments tend to be sort of less judged because there's something obviously going on, right? It's those individuals and again, they call it an invisible disability.

Brooke Lang 39:57

But it's true, right? So they are Otherwise, if you're completely fine, completely normal, and then they open their mouth, and it's like, what's going on? You know, so I think and I think the emotional impact on those individuals can be, you know, a little bit bit more, because again, they don't have any other way to show that there's something going on with them. And so they tend to be a little bit more isolated and have a little bit more trouble coping.

Bill Gasiamis 40:25

Yeah. Yep, I can relate to that. That was my challenge. I didn't have aphasia, per se, and it was never diagnosed with a speech disorder. But I, after the second time, I had a bleed in my head, I lost my ability to communicate properly, I wasn't, wasn't diagnosed, I didn't go to your neuro psych, for neuropsychological assessment or any anything like that was completely missed.

Bill Gasiamis 40:52

And then when I was at home, after having gone through the first bleed, and being again, appearing, quote, unquote, normal. And communicating, as I always had, it was strange for my wife to adjust to the second bleed, and everyone around me to the second bullied and how I was not able to communicate.

Bill Gasiamis 41:15

So I would struggle to start a sentence, sometimes I would start a sentence, and then not be able to finish it. Sometimes, I would be in the middle of a sentence and just go on to a completely different tangent and didn't even know what I started out trying to say. And that was the hardest part, the hardest part was getting the looks.

Bill Gasiamis 41:42

And then people thinking that I was joking, or I was being funny, or all these things to do was have my say, say something that was relevant to what was happening to me or I needed to get across. And it was really difficult. And then because I also have left side deficits, where my left side feels completely different to my right side.

Bill Gasiamis 42:05

People assume again, that I'm 100% recovered or have overcome everything that stroke has thrown at me. And I can say that, perhaps emotionally and psychologically I have I've overcome it all. But I haven't physically because I can never overcome at all, because those things that I've got a permanent, and when I have a bad day, those things.

Bill Gasiamis 42:34

They express themselves more, those deficits express themselves more, and they make it harder for me to go about my day, be it stay up late, if I want to go to an event with a family, be it feel good about going to being out in public or in crowds, feeling good about walking, feeling good about even communicating, everything kind of changes.

Bill Gasiamis 42:59

And when deficits get exacerbated, so to speak, when I've had a big day. And even though I've been going through this now for nearly 11 years, trying to get other people on board with my condition is impossible, because there's no other way for them to get on board, other than knowing exactly what I went through by going through what I went through. And we don't want that. But I'm a bit of a party pooper.

Bill Gasiamis 43:24

I'm the guy who goes off or probably don't want to go down there today. Or I think it's time for me to end the day or I'll come to the pub with you, but I'm not drinking. And it feels like I'm always the guy who gets in the way of people's fun, and how other people interact with us is really strange that they're not able to adjust to interacting with people who are will call ourselves different to a different.

Bill Gasiamis 43:57

And I imagine that one of the hardest things for people to do who are around

somebody who who has communication issues is I expect that that would be even one of the hardest things to adjust to. And I'm not saying it to have a go at these people, our loved ones, our friends, I'm just saying it to make people aware of what might be happening amongst many other things that might be happening. It's a real challenge.

Bill Gasiamis 44:29

And I think you can have an aphasia discussion with somebody like you every second day and come up with again, new and different ways of approaching this and seeing this and it's a never ending conversation.

Bill Gasiamis 44:44

That's basically why I thought what we needed to do is reach out and give people and encourage people no matter how long they've been on their aphasia journey, to still go after speech, and to an even if They're okay, not communicating the way they used to maybe just get curious about what you might be able to achieve. Just for fun.

The importance of finding a new identity

Brooke Lang 45:09

Yeah, absolutely. I mean, I feel like there's so much I could say about everything you just said. But you know, I mean, I think, again, a huge part of their identity is they're robbed of their identity, whether it was their role in their family or their work, you know, they had to completely shift and that's a big task.

Brooke Lang 45:39

And, again, one that's ongoing, and I think they're always kind of searching. But I always encourage, you know, go try something different, something that you've never, in fact, I had that discussion with one of my patients today is like, I'm tired of sitting inside, and he can't drive.

Brooke Lang 45:55

And so he's, you know, depending on his wife and his daughter to cart him around, and they don't always have time to do it. And so I was like, how about a, you know, trying to learn an instrument or doing a puzzle, I mean, he just turned his nose up and everything, but again, you know, you can't expect to keep going through the way you necessarily did before, you have to kind of be willing to

adapt, and try new things.

Brooke Lang 46:21

Um, but I also think that, to your point about feeling different in social situation, I think that can be one of the biggest things, and I think people are uncomfortable with silence. And so we avoid it. So if that person is having trouble, and it's awkward, right, I mean, let's just call a spade a spade, it's awkward when you're face to face with somebody is really struggling, or not saying much. And you're having to constantly be that person.

Brooke Lang 46:58

But you know what, again, they are the same person, they want to have a conversation, the more that they're out there interacting and socializing, the better they're gonna get. And, but it's hard, and I don't I have talked to a lot of people about this.

Brooke Lang 47:17

And a lot of individuals find that they end up needing to find a new, a new social groups, somebody who didn't know the old them. Because they can kind of start fresh, and I get that, but they're still sort of mourning grieving. That past life, their past friends, that social life that they had, and I'm sure you experienced some of that yourself.

Bill Gasiamis 47:42

Yeah, yeah. I actually haven't considered that with aphasia. But it's exactly what happened. Right. So some people turn up. And some people don't. Some people come out of the woodwork, we never expected them to turn up. And you're really pleasantly surprised. And think great.

Bill Gasiamis 47:56

And then other people don't turn up and they don't know what to do how to be. And at the beginning, I used to get mad at them, the ones that didn't know what to do, what to say how to be and the ones who made it about them. You know, might sound fatigued and they say, oh my god, I'm tired too.

Bill Gasiamis 48:13

It's about me today shut up. It's about me, you're not tired. Like I am, I'm fatigued. Like I've never experienced in my 37 years, I just got tired going to the toilet. I mean, you know, enough with telling me you're tired, because you were

online gaming until three in the morning, and then you didn't get enough sleep before you went to bed.

Brooke Lang 48:33

We're not relating to this situation. Yeah, this is not something related.

Bill Gasiamis 48:37

Yeah. Right. And it's like, okay. And then I, I like what you said about that, finding the new circle who didn't know the old you because they don't have to adjust their, their lack of, or that they don't have to find a new way to do themselves. So I think that's the biggest issue is being around people who have stayed the same, or while you have been forced to change or actually made a decision to change in the way that you interact with the world.

Bill Gasiamis 49:13

Makes them feel makes them have to look at themselves and they might not be ready to look at themselves, then, you know, it's that whole perfect saying is like, it's more about them than it is about me. And that could be a good sign. If it's become about them, and they don't know how to be around you.

Bill Gasiamis 49:35

Well, then that's a good sign to just sort of give them your blessings and let them go away. And that will just fizzle out. And then hopefully, that'll create some space for you to meet new people. But in order to meet new people, you have to go with the new people. You turn up and you have to, it's hard.

Bill Gasiamis 49:57

Yeah, you have to be okay. Yeah, Don't remember to go there with your deficits and go, This is me, you know, I'm here to interact with you. But I might not even know how to do that at the moment because I haven't got my voice and maybe the only word I can say is back. And if that's the case, hopefully, you're not gonna take it the wrong way. Right?

Bill Gasiamis 50:18

You know, it's really complicated. But it's a time for growth, it's a tough an opportunity for everyone to practice some personal development and some personal growth. And in amongst physical recovery, emotional recovery, mental recovery, somewhere in there goes personal development, I think it's really, really important to do personal development and go within and see what you're up for.

Bill Gasiamis 50:44

What you need to attend to, and same as the caregivers, it's time for, you can't be the same person around this person who is struggling with all these illnesses, because you're just gonna get frustrated yourself, or you're gonna get in the way, it's a saint, that turns up to this new version of your loved one, and just does the right thing and the perfect thing every time you're not going to, it's just the way that it is it's normal.

Bill Gasiamis 51:13

And I think it just creates this, this is what stroke did for me, it just created an opportunity for personal development. And I had never done anything like that before. But most importantly, I never had a big why that was my big why that was the biggest, why ever heard. He was like, Oh, my God, I want to be on this planet for as long as I can.

Bill Gasiamis 51:34

And I want to interact with it as much as I can. How can I do that with all the stuff that I've got to live with my deficits and all the challenges. And so Okay, I think I've got to overcome some of my own personal belief systems, that might not be valid anymore, they may have been valid at the day before the stroke.

Bill Gasiamis 51:55

And they might have been valid in my 20s, and my teens. But that can't be how I go about approaching recovery after the stroke and with the deficits that I have, it's just not gonna work, I need new ways to go about it. And I went out of my way to involve other people like therapists.

Bill Gasiamis 52:19

When I knew, for example, that I needed a therapist, sometimes I didn't know I needed a therapist, and nobody told me like that gap that occurs for people. And I'm still nearly, you know, I mean, living, I'm approaching nearly what are we it's, it's been 11 years, February was 11 years since the first place.

Bill Gasiamis 52:41

So I'm still going after improvement, recovery, bettering myself becoming more or no more, less ignorant. And this is what the podcast is about. It's even me even I don't know how to interact around people who have aphasia, because I've never had aphasia, so I don't really get it.

Bill Gasiamis 53:04

But I'm better than most people, because I had a time where I was spaced out and didn't know how to communicate. So that's just me kind of trying to encourage the rest of the world to feel okay about being in a difficult spot, and then be comfortable that they can still chase recovery, even though it's been 1257 10 years.

Brooke Lang 53:32

Yeah, I mean, I think, you know, I worked so hard to get all of my patients to where you are, right? Like, how do I get them to accept this terrible thing that's happened to them, but also pick it into year, and use education, you know, advocacy, and ultimately empower themselves to keep moving forward and feel good about themselves.

Brooke Lang 54:03

You know, even if you do go to the pub, and meet somebody new, you know, tell them, hey, just so you know, I kind of stroke and I have some trouble talking. Because I think just opening that door, lets them you, they become a little bit more patient with you, you feel a little bit less tense, because you've thrown it out there.

Brooke Lang 54:28

And not everybody's comfortable with that. But then you you've also educated you say, Hey, I have aphasia. And they might think what the heck is that? But you know, you've already told them, you have trouble communicating because you've had a stroke. That's enough. You know, and I think the fact that you've educated somebody in that situation and, you know, sort of advocated for yourself, and it can be kind of a nice

Bill Gasiamis 54:50

cycle. Yeah, um, and the next part of that conversation could be and by the way, I still like, footy. We call it for your big opponents to like football, or I still like I spool or I still like whatever. And it's like, just address the elephant in the room. And now let's talk about dumb stuff that you do when you're at a pub.

Brooke Lang 55:11

Right? Exactly. Exactly. And I find too, that I think that the caregivers to your point two and still holding on to their old life. And then they're the middleman

between inviting the friends over and talking for the individual with aphasia and trying to, like call their buddies over and have, you know, hanging out while watching a football game. And it's just not the same. You know, and it just creates this this Disrupt.

Brooke Lang 55:45

And they ultimately, it wasn't a fun social engagement, it was, you know, exhausting for the caregiver. And the other one didn't have fun, because they didn't talk the whole time, you know.

Brooke Lang 55:57

So I think it's, it's about sort of figuring out letting go of what was and what your thought might be, and, and moving forward, but I always also allow my patients like, Hey, have your crappy days, have your days where you sit there and write, we're not all we don't all have wonderful, perfect positive days, so and you by all means should be allowed to do that.

Brooke Lang 56:22

So have your crappy day, cry, feel bad for yourself, sit in your room, and don't do anything, as long as you pick yourself back up that night? You know, and again, who am I to say that I'm not going through it, but I just feel like if you're sort of, you know, their feelings are certainly warranted, and you let them know that.

Brooke Lang 56:46

And, and that it's okay to have those crappy days. It allows them to kind of, you know, overcome that and move forward. Because, again, the recovery is, it's an ongoing, kind of lifelong thing.

Bill Gasiamis 56:59

Yeah. I like to give people the opportunity to think about a question that goes something along the lines of whatever you want to do, you can do your however you want to behave, you can behave, however you want to think about that. You can think about, just ask this question of yourself, if you can, every time it's like, is this behavior serving me the behavior that I've chosen right now? And the way that I'm thinking right now and the way that I'm talking right now?

Bill Gasiamis 57:27

Is it serving me in the long run? And if it isn't, then maybe you want to park it? Maybe you want to park that behavior and just leave it there? And just maybe,

come back to it one day, if you feel like it? Because it's been a while since you behaved that way. Or you needed to do that or say that.

Bill Gasiamis 57:48

But then what you might find is that you don't go back there as often as you perhaps had in the past, and that you might never go back there at all. How does this serve me has been one of the questions that has just completely changed my life. Because it's, it's usually comes after that pity party where I feeling bad about myself.

Bill Gasiamis 58:11

And then, and then it's like, okay, or it's a it's like a reset, but then it's next level, it's beyond just the reset, because it also drops, it makes me drop something and leave it away and leave it aside and not go back to it. And then it's and then it's the relearning and the readjusting of, okay, what can I do, instead of a behavior that doesn't serve me? What can I do right now that's going to serve me.

The importance of asking yourself “should” vs “want”

Bill Gasiamis 58:43

And in my case, if I was going through the inability to walk, for example, and I was having a bad day, and I had just fallen, because I took a few falls at home, it'd be okay, I didn't break anything. And I'm not going to get up off the couch like that, again, I'm going to pay attention to where my leg is next time.

Bill Gasiamis 59:04

And once I do that, I'll get better at it. And then I'll feel more comfortable being out and about in the community walking on my own without my wife there, because other than walking, I was very physically capable, and cognitively capable of being out and about on my own.

Bill Gasiamis 59:23

So it's like, okay, so I'm not going to, I'm not going to that behavior of just getting up off the couch and, and listen to, it doesn't have to be a bad thing. But my behavior of just getting up the couch without thinking because that's what old bill a week and a half ago was doing.

Bill Gasiamis 59:44

That can't be the way that I get off the couch anymore, especially if I'm holding a plate of a plate where I've just finished the meal. I've got to do one or the other. I've got to use my hands, grab the couch, stand up, pay attention to when my leg is move forward and then pick up Play, for example, and take it to the sink.

Brooke Lang 1:00:02

So can I ask you something? Yeah. So does. Do you think that that just asking yourself, Does this behavior surfing? Allow you to then discover and tap into the behaviors that are more beneficial and end user? Yeah, so what was there something that has to happen in between? They're

Bill Gasiamis 1:00:30

not necessarily but it may not even I may not even get an answer, an hour or a day or a week after that. But what it does do it all, it automatically creates a place where my mind body, spirit, soul, whatever you want to call it. As soon as I asked that question, it knows the truth about what the answer is.

Bill Gasiamis 1:00:55

And then it kind of interrupts my automatic nature of going there. And then, even if I do go there, and I asked myself that question a second time, it's kind of interrupted the neural pathways that are previously just firing off. And then, and then it's slowly just goes away.

Bill Gasiamis 1:01:22

And one of the things that I used to do was talk about myself in a negative way before the stroke anyway. And then I realized if I'm going to, I used to say stuff, like, nobody wants to do business with me when I'm doing business out of a garage. But as if they knew where I was doing business out of, you know, I'll never have a successful business if I don't have an office, and if it's not this size, and if it's not that and if it's not this, I'm not driving this car.

Bill Gasiamis 1:01:49

And then I used to compare myself to other people comparison in recovery is also a bit of an issue people compare, and then they put deadlines on on things. Yeah, yeah. And I used to do that I used to compare myself to people who I assumed were more successful than me.

Bill Gasiamis 1:02:06

And I realized real quickly if I, if I do that, there's that behavior, comparing myself to other people serve me know, what does it do what it makes me feel bad about myself, it makes me feel emotionally drained. It makes me feel unmotivated makes me feel all those things. I don't want to feel that way. I don't know what I prefer feeling.

Bill Gasiamis 1:02:29

But I know I don't want to feel that way. So while I'm, while I've discovered what I don't want to feel, and I'm learning what I prefer to feel, what I like to do is just get those language patterns, does that behavior. I like to get those embedded, does that behavior serve me?

Bill Gasiamis 1:02:47

Does that behavior serve me because then I become the person who tells myself rather than my wife, or my son, or my mother, or my father telling me, hey, you shouldn't be doing that. It's different for you to tell me I shouldn't be doing that. But if I'm telling you now, that's a very different thing. And I like to.

Bill Gasiamis 1:03:09

And and this is an analogy that some people might think is weird, but and that's how I approach God. Right? So this is a very interesting thing for me, that I kind of got to after the stroke, because everyone was telling me did you find God and I know people found God, and that's great.

Bill Gasiamis 1:03:27

No issue. But for me, I, I respond now by saying, God, I am God, God is me. Not the I'm not the guy down the road telling you on Jesus, I'm not that guy. But God's within me so that it's not an external source that I go to for solutions. And then if that solutions don't come, I get disappointed in that external source.

Bill Gasiamis 1:03:49

And then I feel like I have nowhere else to go. So I believe the solutions are within us, I believe, I'm God, I believe that I know what's best for me. But I just need to ask myself the correct questions. And stop saying certain things that I don't need to say.

Brooke Lang 1:04:09

I think that holds you accountable. That's, it's

Bill Gasiamis 1:04:11

all about me. Yeah, yeah. And when I go to therapy bait with a speech pathologist or physical therapist or an occupational therapist, when I go there, what I'm doing is going to the for them to tell me the things that I didn't know that I needed to know about recovery.

The importance of taking control of your recovery



Bill Gasiamis 1:04:32

And then if they're telling me what I needed to know about recovery, and I'm taking responsibility for my own recovery, and not making it your responsibility, well, then we're going to work together really well as a team. And I remember one of the things that dramatically changed the way that I used to see therapists before I became unwell.

Bill Gasiamis 1:04:53

So I had my my chiropractor on speed dial. We have a property maintenance business, so we lift heavy things and we work too hard and we bend the wrong way. And we do all this stuff. And I used to outsource the way my body felt, basically outsource that to him. I'm paying you, you fix up my back, I go to work tomorrow. Right?

Bill Gasiamis 1:05:17

And it was the way that I went about it for about 15 years. And he would say stuff like, Okay, well, you need to pay attention to how you lift, you need to pay attention to this, and you need to pay attention to that. And it was just in one ear, out the other. And then it was to the extent where when I, when I had entire, my entire left side wasn't working.

Bill Gasiamis 1:05:42

I went to him and told him to fix my back. And he said to me, it's not your back, go to the hospital. And I said to him, I can't go to the hospital. I'm busy tomorrow, you need to fix me now. And I need to go to work tomorrow. So I had got to the extent where I was making it their responsibility to do all the things that were necessary, and I wasn't taking responsibility.

Bill Gasiamis 1:06:06

So that's one of the things that I got out of stroke recovery very early on was, I need to become god, my own God within me, I need to search in me for the answers. Somebody now needs to tell me what the right questions are to ask. That's all it was. And one of those right questions was, is that behavior serving me.

Bill Gasiamis 1:06:29

And nobody ever asked me that. And therefore I never knew to ask that. And when I did learn to ask that it just changed everything for me, because I realized that Brooke wasn't the worst therapist, and I happen to offend the worst one out of all the therapists. And my occupational therapist wasn't terrible one because she looked at me funny.

Bill Gasiamis 1:06:53

And it was the way that I was responding. And these people were there to help me. And I was doing them a disservice, because I wasn't being the proper, me, the proper patient, the right kind of patient, that's gonna get them the results that they can get for people. It's all about me, and it became about me.

Bill Gasiamis 1:07:14

And maybe there is some other people in the periphery that make made my life hard, who didn't know they were doing it. But in the end, it was more about me than about them. And that's kind of what, why I wanted to really get you on here to discuss some of the things that we've already discussed.

Bill Gasiamis 1:07:36

So that when when somebody has said to you you've you've hit a plateau, that's actually not about them. That's you believing them. And you thinking that that means that you should now listen to them, and that you should stop going after your recovery. all comes down to you how you respond to people like that.

Bill Gasiamis 1:08:01

So hopefully, that gives people some things to think about. What do you reckon?

Brooke Lang 1:08:08

Yeah, I, I think you're you're right on. And I think it's, I think that the challenging part is, sometimes I don't think people know how to take control of their recovery.

Brooke Lang 1:08:24

And once that, you know, and maybe it's different for different people, right, like the answer for you was that question, it really helped you and was a game changer. That same question may not, you know, be the thing for people, but I think it's so hard to help people search for whatever that that thing is to help them take control. Yeah.

Bill Gasiamis 1:08:52

Yeah, the minds of the example that I gave, that kind of opened up the door, for me the path for me, so whatever that is for those for somebody else, hopefully you can discover it by being a little more curious about your own needs.

Bill Gasiamis 1:09:10

And the deeper needs not, I need my I don't know, whatever you used to do, I need to do the deeper needs, the ones that really matter to make your life better and to help you get back on your feet, you know, whatever they are. All I'm saying is that if somebody as dumb as me could do it. Anyway, anyone can do it.

Bill Gasiamis 1:09:32

Because I was quite I was quite an intelligent guy. I I pretended I was confident I interacted in a way with people that nobody would know that I had, the insecurities that I had. And when I call myself dumb, I'm not being rude or mean to myself and I was being ignorant.

Bill Gasiamis 1:09:54

I was completely ignorant about how I was treating myself and how I was behaving. When I started to learn about myself, and my ignorance about me went away, I got out of my way, I got out of the way of my recovery. And I started to take into consideration things I never had before.

Bill Gasiamis 1:10:13

And I started to I started to park those old thoughts and behaviors, like I started to suspend my disbelief. And I started to just put things aside and go, Okay, well, let's park that let's park that let's park that everything got parked. Because I didn't. It wasn't going to work. I wasn't going to be able to be a new me get recovery.

Bill Gasiamis 1:10:39

be around for my kids go back to work. You know, it took seven years by the way,

don't get me wrong. It took me nearly seven years to get back to work. And to start a podcast, I started the podcast, going to five years or four or five years after all this, nothing happens straightaway or this person that you see that's got all these thoughts.

Bill Gasiamis 1:11:01

And these ideas that didn't come overnight took a long time. So that's the other thing. I don't want people to think that because I'm talking about this the way I am. i It's easy for you look at how you are, look how you've recovered. I wasn't it wasn't all roses. For me. It was really hard for many, many years.

Bill Gasiamis 1:11:22

And it's still hard. And that's why I have a podcast because I need to talk about it every day. This is my therapy. And and I don't do it just for fun. I don't do it just so that everyone else can benefit from it. I also benefit from this podcast. So you see how,

Brooke Lang 1:11:39

again, you Yeah, you and you've taken your situation? and turned it into like, I mean, it's the type of people that say my stroke, you know, changed my life for the better. Like what? Yeah, but I mean, again, it's like, you are that perfect example.

Brooke Lang 1:11:54

And it's, it's fascinating and inspiring to to hear you because I think this is what so many people, you know, dealing with, you know, stroke deficits and aphasia need to hear and talking with somebody who's gone through it, there is such a lack of mental health professionals that are able to and have the knowledge and the depth of knowledge is necessary to really help people with and to know, how do I tweak?

Brooke Lang 1:12:29

How do you have talk therapy, right for somebody who's struggling to cope. And there's a huge gap. And it's bad, because these people need help. And they need that support. But to me, I'm starting to feel more and more that as I've searched and searched for, you know, a mental health specialist who I can bring on board with me and help help my patients.

Brooke Lang 1:12:56

I think it's people who've gone through it, who are ultimately going to be the best nailed or hired the best like emotional seriously. I mean, I have I did hire one of my young stroke survivors, and she runs groups for me, and she has one on one meetings with some of my patients.

Brooke Lang 1:13:15

And I think it's been like the best matchup because we've been through it, they know. And, you know, if somebody and again, it feels good for her to I mean, she's benefits from it just as much. I think there's some power in that.

Bill Gasiamis 1:13:30

Oh my gosh, there is in Melbourne, there's a event called the night a night for aphasia. And it's run by occupied by speech therapist, who I've interviewed in the podcast, I can't remember when but it was quite a few episodes ago, but I'll put it in the show notes for anyone who wants to go back and listen to that.

Bill Gasiamis 1:13:48

And Olivia, oh, here is her name. And Olivia has organized a night where a whole bunch of people get together and raise money for different causes related to aphasia. And it goes to help some other people that are going through that get therapy, all sorts of different things.

Bill Gasiamis 1:14:10

And the main speakers are people who have had aphasia and gone through recovery with Olivia and her team. And they get on stage and they present their story. However long it takes or however it comes out. Everyone's got kind of a different way to communicate, but they're all there.

Bill Gasiamis 1:14:32

And all the people around us were young occupational therapists coming through their studies and doing apprenticeships and all different sorts of things. Stroke Survivors, there was a whole bunch of other people that weren't stroke survivors.

Bill Gasiamis 1:14:46

They had aphasia, and then she felt she filled out a room there was probably about two or 300 people there. It was a sensational night and and it's the kind of night that if I I had aphasia, I would want to be in the crowd, listening to those people talking going, they used to be like me in the crowd, and now they're on the stage.

Brooke Lang 1:15:13

And it's like, I mean, it doesn't get more inspiring than that. It doesn't.

Bill Gasiamis 1:15:17

And that's. And that's the part where I sort of said, if somebody's as dumb as me can recover from things that are really difficult to recover from, then anyone can.

Bill Gasiamis 1:15:29

And if you relate to being dumb like me, then you're the perfect candidate, like, you're going to be okay, you're going to get through it, and you're going to find a way, you're going to find a way to be in the world, and to get back into the world and to make your mark on the world and to do all the things that you want to do.

Intro 1:15:47

If you've had a stroke, and you're in recovery, you'll know what a scary and confusing time it can be, you're likely to have a lot of questions going through your mind, like, how long will it take to recover? Will I actually recover? What things should I avoid? In case I make matters worse, or doctors will explain things that obviously, you've never had a stroke before, you probably don't know what questions to ask.

Intro 1:16:12

If this is you, you may be missing out on doing things that could help speed up your recovery. If you're finding yourself in that situation, stop worrying, and head to recoveryafterstroke.com where you can download a guide that will help you it's called seven questions to ask your doctor about your stroke.

Intro 1:16:31

These seven questions are the ones Bill wished he'd asked when he was recovering from a stroke, they'll not only help you better understand your condition, they'll help you take a more active role in your recovery. Head to the website now, recoveryafterstroke.com and download the guide. It's free.

Bill Gasiamis 1:16:47

Always loved referring back to the physicist Stephen Hawking, you know, the guy couldn't speak, talk, walk. Couldn't do anything. And he was still at the top of his game. And everyone else learned how to be around him.

Bill Gasiamis 1:17:10

They all adjusted themselves, they all stepped up. And they all grew. And they all found new ways to interact with somebody who most people would have written off. And the only person who didn't write himself off was him.

Brooke Lang 1:17:29

Right.

Bill Gasiamis 1:17:34

If he had written himself off, everyone else would have just gone. Oh well, forget this guy. Let's move on to the next guy.

Brooke Lang 1:17:42

Yeah, I mean, there's that it's a powerful thing. You know? Absolutely.

Bill Gasiamis 1:17:48

Brooke, I really appreciate you saying yes. And being on the podcast. Thank you so much for joining me.

Brooke Lang 1:17:55

Of course, I appreciate you having me. And it's so nice to meet you. And hear your story as well.

Bill Gasiamis 1:30:39

Thanks for joining us on today's episode. To learn more about Brooke and the services she provides, you can go to iraphasiatherapy.com. And for more ways to connect with Brooke. And to download a full transcript of the entire interview. Please go to recoveryafterstroke.com/episodes. If you would like to try the course five foods to avoid after stroke, go to recoveryafterstroke.com/courses to get on board now.

Bill Gasiamis 1:31:10

And if you'd like to support this podcast, the best way to do it is to leave the show a five star review and a few words about what the show means to you on iTunes, and Spotify.

Bill Gasiamis 1:31:21

And if you're watching on YouTube, comment below the video, like this episode, and to get notifications of future episodes, subscribe to the show on the platform of your choice. Doing this part makes a big difference to other people, finding the

podcast people who have had a stroke that are like you who are stuck and looking for solutions and looking to not feel alone. So by doing that, leaving the show a five star review.

Bill Gasiamis 1:31:46

It'll be shown more often by the search engines and it'll be given preference so that people who are searching for this type of content can find it easier. And hopefully that'll make a difference to their lives.

Bill Gasiamis 1:31:57

So really appreciate it if you can do a review. If you are a stroke survivor with a story to share about your experience, come and join me on the show, interviews are not scripted, you do not have to plan for them. All you need to do to qualify is be a stroke survivor, or care for someone who is a stroke survivor.

Bill Gasiamis 1:32:18

Just go to recoveryafterstroke.com/contact fill out the contact form and as soon as I receive your request I'll respond with more details on how you and I can choose a time that works for us both to meet over zoom. Thanks again for being here and listening. I really appreciate you see you on the next episode.

Intro 1:32:37

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Intro 1:33:11

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Intro 1:33:32

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Intro 1:33:58

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