AusDoCC CONNECTS

Quarterly Newsletter

CONTENTS

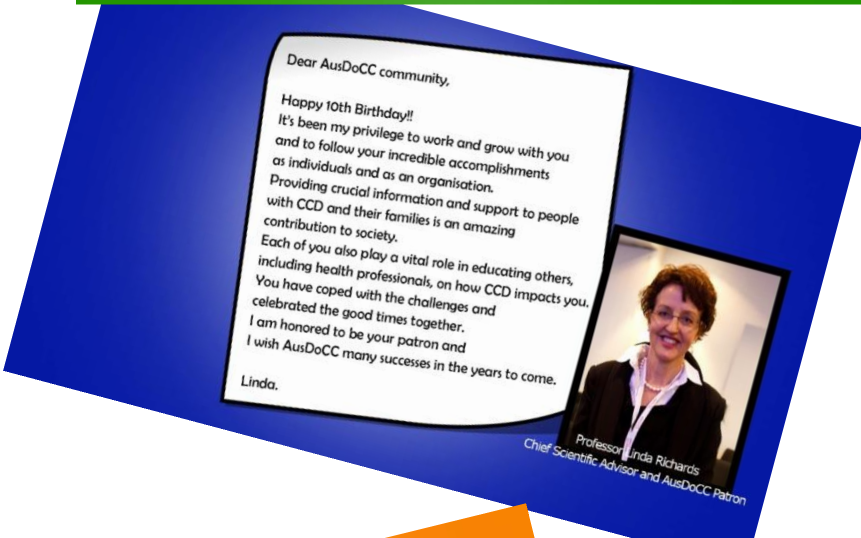
Dear AusDOCC team

Thanks for being such a vibrant support organisation for patient, families, clinicians and scientists alike. What a huge amount of work you've achieved in the first ten years, and I'm looking forward to the next ten!

Regards

Mark

Professor Mark Walterfang
Adults with a DCC Advisor



Dear AusDoCC community,

Happy 10th Birthday!!
It's been my privilege to work and grow with you and to follow your incredible accomplishments as individuals and as an organisation.
Providing crucial information and support to people with CCD and their families is an amazing contribution to society.
Each of you also play a vital role in educating others, including health professionals, on how CCD impacts you.
You have coped with the challenges and celebrated the good times together.
I am honored to be your patron and
I wish AusDoCC many successes in the years to come.

Linda.

Professor Linda Richards
Chief Scientific Advisor and AusDoCC Patron

Dear AusDoCC,
Congratulations on being such an active and engaged organisation promoting all things corpus callosum. It has been a privilege to be able to contribute in a small way to your group over the years and I look forward to continuing in the future.
Your group helps me look beyond the narrow scientific perspective on corpus callosum disorders and appreciate the bigger picture.
With best wishes
Paul

A/Professor Paul Lockhart
Scientific Advisor, Genetics and Laboratory Research

PRESIDENT'S REPORT

Once again, another season has almost passed. Time seems to be rushing by these days. This year my eldest turns 24 and I remember like it was yesterday, the words 'Agenesis of the Corpus Callosum, intellectually handicapped,' ringing in my ears! Thankfully we muddled our way through. Hopefully, thanks to AusDoCC your experience will be a little more guided.

When we first started an ACC Facebook group in 2010, I never dreamed that we would later become an incorporated organisation with a volunteer committee, hundreds of members, professional advisors and corpus callosum experts. Our 10th anniversary was marked, with April 11, 2012, recorded as the date of our first committee meeting. To celebrate 🎉 we mailed out a special fridge magnet to all of our members with a CCD (Corpus Callosum Disorder).

Throughout 2022 we are also running 2 social media donation campaigns. The first is **10 for 10**, asking for $10 donations - one dollar for every year we've been here. The second is **Be a $100 Decade Donor** for anyone feeling extra supportive. If you can, please share the flyer far and wide.
All donations over $2 are tax deductible. Donations over $100 will receive a unique commemorative 10th anniversary pin.

There is currently an opportunity for adults with a CCD to participate in a PhD research project conducted by Maree Maxfield at University of Melbourne. If you are interested, please email me at info@ausdocc.org.au or check out http://ccd.brighterworld.biz/dcc/

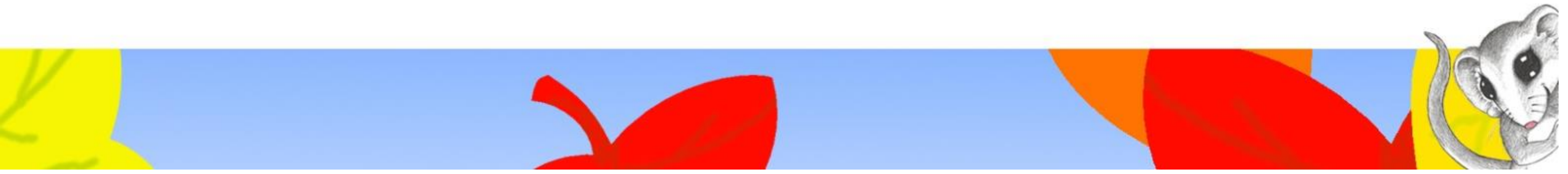
With the Covid restrictions changing we hope to have more face-to-face events and please keep an eye out for our upcoming Zoom chats.

On behalf of the Committee, I would like to extend our sincere condolences to Maja and her family on the death of her dad. He was always very supportive of AusDoCC and his granddaughter's condition.

Time is precious. We never know what's around the corner so be a lover be not a fighter.

Kindness costs nothing.

Peace ☮
Tina.



PROFESSOR LINDA RICHARDS AO - AusDoCC

Professor Linda Richards's professional and personal approaches are greatly appreciated by the AusDoCC community. These are some of the community members' comments about experiences and the value of research for our community.

- sense of validation/recognition that there really is a reason for some of our symptoms
- positive feeling of contribution to a greater cause when some of us might feel powerless to change our own circumstances otherwise (i.e., scientific research, future generations well-being, understanding of genetic cause/potential cure)
- tolerance and acceptance from staff make me feel welcome, important and sparks my curiosity.
- has encouraged others to pursue further study into science/CCD experience
- brain imaging makes an otherwise potentially invisible disability tangible and confirms we aren't just making it up or seeking attention.
- increased practitioner awareness (slowly) which increases our access to resources
- tailor meet-up events to be accessible physically but also regarding processing sensory information.
- scientific acknowledgement of this disorder makes it feel more real and like people are actually taking us/it seriously
- understanding the congenital nature means it's not our fault/not the parents' fault or the result of bad parenting/lack of self-discipline
- appreciation of what we CAN do in spite of the odds aka gratitude (which we understand better thanks to this research)
- hope for tailored management of other conditions (epilepsy, FND, mirror neuron problems, social difficulty management)
- Brings comfort / closure to people being able to find the "why" it occurred

- Linda’s research has helped my family to understand what it means to have a corpus callosum disorder for our daughter. The research led to the genetic cause of my daughter’s condition being identified. This has meant that we have been able to read case reports about other people with the same genetic condition and with similar developmental issues. Knowing the genetic profile of my daughter’s condition may help her to make informed decisions should she want to have children herself. The research also included neuropsychological testing which allows us to better understand how she learns and incorporate relevant strategies into her learning and development program.
- Our community has a common interest in understanding this condition and I have seen real connection within the group when the research is being presented and discussed. The research has been very generously shared with our community. The knowledge we have gained helps us to better communicate with our health professionals leading to greater understanding and more relevant interventions.

ausDoCC
australian disorders of the corpus callosum

10 for 10

Help us celebrate 10 years

Become a decade donor

Donate $10 for our ten years

$1 for every year we've been here.

If you would like to contribute more, please consider a $100 donation to receive a unique commemorative pin celebrating our milestone.

Donations of any amount are very welcome and all donations over $2 are tax deductible.

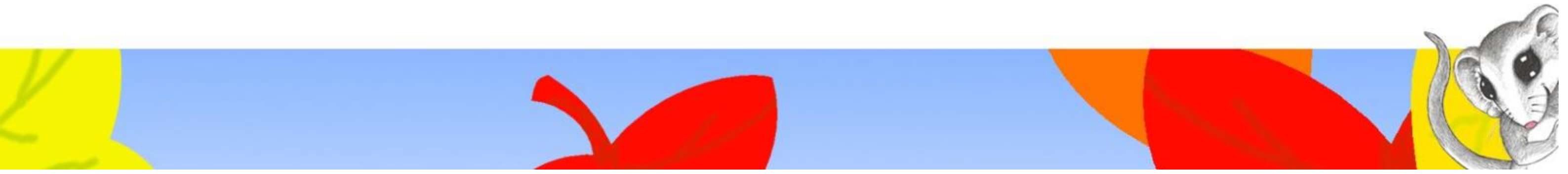
Please use Paypal or Bank Transfer.

All donations received in July will support research into disorders of the corpus callosum

Donate to AusDoCC with PayPal

Donate via bank transfer

Please include your full name as a reference and drop us a line by email to treasurer@ausdocc.org.au so we know who to thank and email the receipt to.
Bank details are:
BSB: **013-257**
ACCT NO: **378800587**
NAME: **AUS DOCC INC.**
***Deposit Codes**: 1=membership, 2=fundraising/event, 3=donation, 4=merchandise, 5=sponsorship, 6=conference. Please use a number with your name as a reference. You will be receipted with a tax invoice by email.

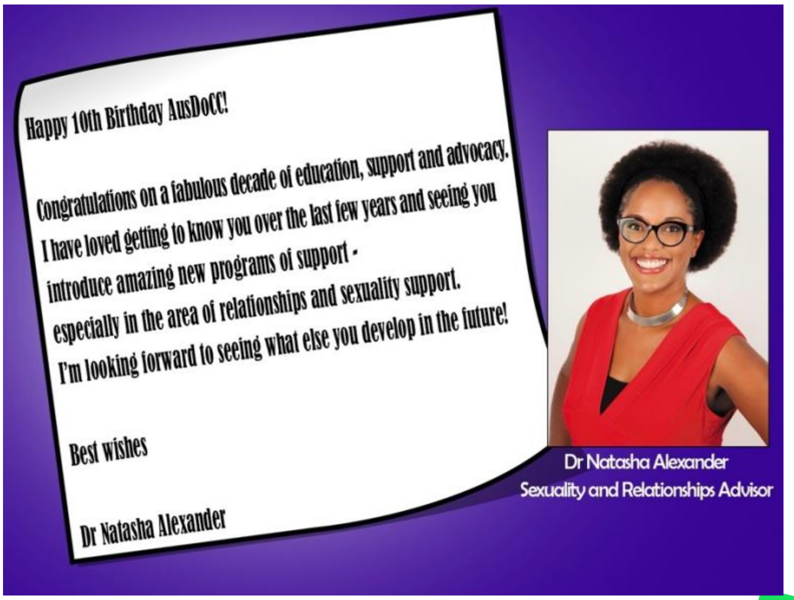


WHY DONATE TO AusDoCC?

Your donations will greatly assist us to achieve our goals. Donations over $2 are tax deductible and no donation is too small.

Examples of how your donation may assist …

- $5 can welcome a new member with a welcome pack or print 10 information brochures.
- $20 produces 40 information brochures or adds to the sensory items collection for meetups
- $50 prints 100 brochures, produces 50 mini Edna books or allows website updates
- $100 helps to run social meet ups, Awareness Day and training sessions to produce best practices documents
- $500 can sponsor ACC research in Australia, help us to bring renowned speakers to our conferences or produce information booklets for teachers
- $1000 will recognise you as a major supporter and opens all possibilities for the future of AusDoCC. e.g., establishing a research scholarship fund, printing the conference program booklets, publishing a book to guide families affected by a DCC or making a video clip about DCC
- And much more…



Happy 10th Birthday AusDoCC!

Congratulations on a fabulous decade of education, support and advocacy.
I have loved getting to know you over the last few years and seeing you introduce amazing new programs of support - especially in the area of relationships and sexuality support.
I'm looking forward to seeing what else you develop in the future!

Best wishes

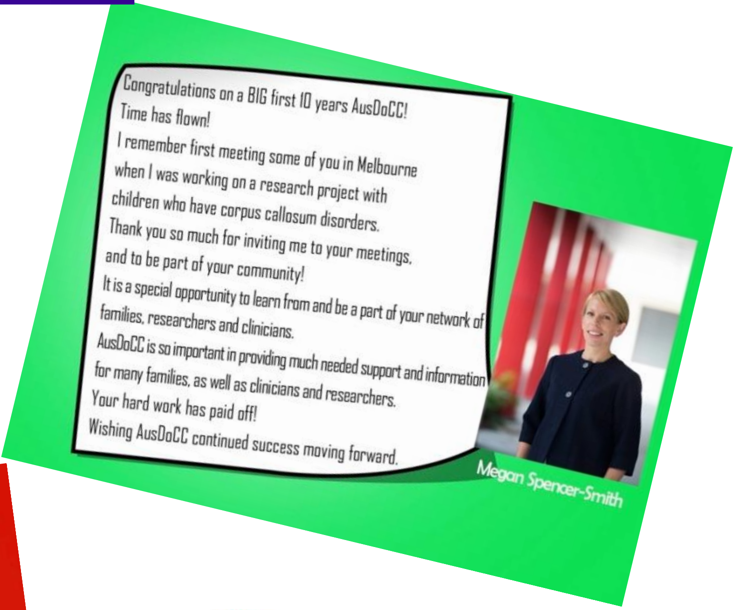
Dr Natasha Alexander

Dr Natasha Alexander
Sexuality and Relationships Advisor

AusDoCC was formed in 2012 by a small group of mums who recognised the urgent need to support kids and families with corpus callosum disorders (CCD)

Each thought they were alone, struggling with the impact of a rare brain disorder. In a couple of years things snowballed and the group grew quickly as more and more diagnoses were made. Not only were babies being diagnosed in-utero but some children and adults were discovering they had a DCC after an MRI or CT scan. The medical and educational knowledge has struggled to keep pace and many families all over the country still feel isolated by the lack of knowledge and expertise.

Since its humble beginnings, AusDoCC has become an incorporated body and has emerged as the peak support body for families affected by a CCD in Australia and NZ. We have produced information brochures and a website. We have formed a collaborative partnership with Professor Linda Richards (now at Washington Uni) and the CCD team at the Royal Children's Hospital and Murdoch Research Institute in Melbourne. We have also held three national conferences to enable families to meet world renowned professionals and most importantly, each other. Many families have formed strong connections through the active AusDoCC Facebook groups, including a group for adults with a DCC.



Congratulations on a BIG first 10 years AusDoCC!
Time has flown!
I remember first meeting some of you in Melbourne when I was working on a research project with children who have corpus callosum disorders.
Thank you so much for inviting me to your meetings, and to be part of your community!
It is a special opportunity to learn from and be a part of your network of families, researchers and clinicians.
AusDoCC is so important in providing much needed support and information for many families, as well as clinicians and researchers.
Your hard work has paid off!
Wishing AusDoCC continued success moving forward.

Megan Spencer-Smith

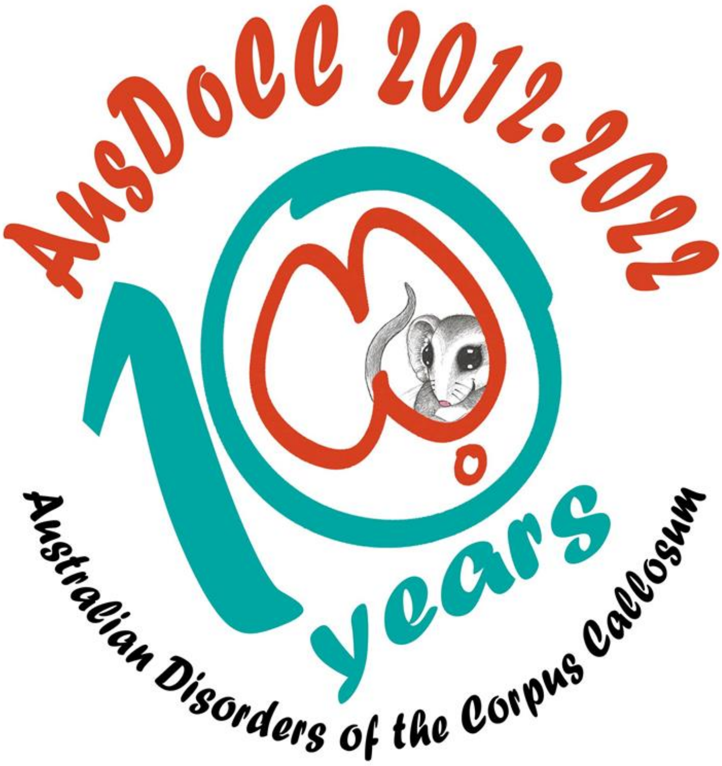
Congratulations on ten years of AusDoCC.
I want to say thank-you for inviting me to join you all on this wonderful ride.
I have loved my time working the team at AusDoCC.
I am so grateful for all the learning, sharing, advocacy, positivity, fun and tears. I have learned so much from you all.
As a volunteer group you should be so proud of all you have achieved. Looking forward to another ten years of collaboration!
Best wishes Monica

Dr Monica Cooper
Paediatric Advisor

Our committee is wholly composed of volunteers from across the nation, who continue to maintain AusDoCC under the governance of the Associations and Incorporations Act 2012.

AusDoCC TURNS 10 – HAPPY BIRTHDAY

http://www.ausdocc.org.au/donate/#top



10 years ago, a small group of fabulous mums across the nation founded a new national support organisation - AUSDOCC.

Hi,

Happy 10th Birthday Aus Docc!

Thank you for being an amazing source of information and research for all people with DOCC. Epilepsy Action Australia was delighted to join your camp and conference in WA in 2019 and hope to attend many more.

Time to celebrate you and the fantastic support that you offer.

Happy Birthday!

Kind regards,

Tina

Tina Furse
Epilepsy Action Australia

We ROAR for Recognition, Opportunities, Access and Resources for all people with a corpus callosum disorder and their families. If you don't know what a corpus callosum is by now, you haven't been listening!

The Committee members and Diamonds of AusDoCC run a national DGR registered charity, organising conferences, meet ups, birthday cards, a shop, newsletters, social media groups, research, Zoom events, global liaisons, online activities and much, much, much more.

To AusDoCC,

This is enough to bring an old research coordinator to tears.

Congratulations to AusDoCC and all who have done such a remarkable job getting this group going.

Making such a difference in the lives of so many, is no mean feat.

Enjoy your celebration.

With kind regards

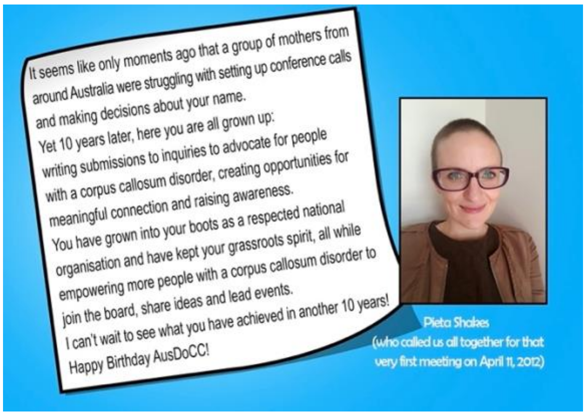
Lisa

Lisa Mackenzie
Richards Lab, Washington University

We don't receive any recurrent funding to operate our organisation and we are all volunteers. Many of us work the hours of a full-time job to keep the organisation running at its peak.

On April 11 we had our 10th birthday and if we want to keep going for another 10 years we need more support. Please ask your friends and family to give generously.

Check out our website to donate and see what we actually do. All the information on there has been put together by volunteers learning on the job with great advice from our expert advisors. Please enjoy the birthday messages and then enjoy our website here



It seems like only moments ago that a group of mothers from around Australia were struggling with setting up conference calls and making decisions about your name.

Yet 10 years later, here you are all grown up:

writing submissions to inquiries to advocate for people with a corpus callosum disorder, creating opportunities for meaningful connection and raising awareness.

You have grown into your boots as a respected national organisation and have kept your grassroots spirit, all while empowering more people with a corpus callosum disorder to join the board, share ideas and lead events.

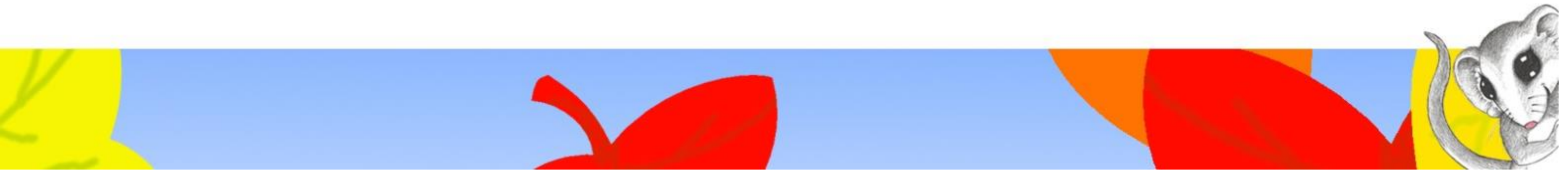
I can't wait to see what you have achieved in another 10 years!

Happy Birthday AusDoCC!

Pieta Shakes
(who called us all together for that very first meeting on April 11, 2012)

SOME OF OUR GOALS ARE TO:

- produce more information brochures for families, doctors and teachers
- support scientific and clinical CCD research programs



- connect socially isolated individuals with DCC and support and unite families and individuals diagnosed with a CCD
- increase distribution of essential medical and educational information
- maintain a collaborative Australian body of professionals to advise us on CCD
- write an Australian picture storybook about CCD, starring our mascot, Edna the fat tailed dunnart (who has no corpus callosum)
- plan a national conference for 2023
- attend conferences and training on advocacy, disability and peer support
- become involved with international peak CCD bodies
- hold social and information events for families
- hold regular national committee meetings
- maintain an up to date, informative website
- establish a research scholarship for CCD research
- maintain insurance to cover our activities and events
- increase societal awareness of CCD
- celebrate our national corpus Callosum Awareness Day on July 2
- produce video and audio information resources about CCD

IVY MARTIN

Ivy was born at 38 weeks, via planned c-section. She was the perfect little newborn, sleeping through the night at 4 weeks, however she was a 'late walker 'at 16 months. Regular check-ups at the local health clinic indicated she was meeting the expected milestones. When Ivy was 18 months old, our GP questioned the size of her head and referred us to a Paediatrician who ordered an MRI. After a terrifying wait, the Paediatrician told us that the 3rd ventricle in Ivy's brain was enlarged and drew a diagram of the corpus callosum. He stated he had consulted a Neurologist who advised him to assess Ivy on her development, rather than what a brain scan showed.

After spending time interacting with Ivy, the Paediatrician stated that, in his opinion, she was a typical toddler. He advised that a follow-up appointment was not necessary, unless Ivy had sudden changes in her development, such as falling over or seizures. While we were relieved that nothing major had been diagnosed, we had lingering concerns and naturally kept a close eye on her development.

We shared the MRI results with Ivy's day care worker so she could monitor Ivy's development. A short time later, concerns were raised by a visiting speech therapist who reported that Ivy needed immediate intervention. We returned to the Paediatrician who strongly disagreed with the report on the basis that although the MRI scans showed something different, he did not believe there was cause for concern. He believed that people were pathologizing Ivy and strongly recommend that we, as her parents, and other people should treat Ivy as the normal 2 year old that she was!

Ivy continued to be a happy child. She was a little awkward and stiff in her movements and her gross motor skills appeared to be behind her peers. While there were some activities she struggled with, such as going down slides at the park, she learnt to ride a scooter and always loved the swings.

As she got older, Ivy became a lot more shy, and often appeared to be 'in her own world'. We've always laughed how she loved to daydream! In contrast, she had an incredible memory, and could recall details like where you left a toy the day before, or what was said in the radio in the background. By the time Ivy started school, she was a lot more anxious and began to have trouble falling asleep at night. We also noticed that she couldn't stand wearing socks, her shoes were never right and there were always lots of tears.

Ivy learnt to read very quickly and while she seemed to be coping with school, she didn't seem to care about the social aspect of school and didn't have any favourite friends. In contrast, she was very confident and interacted well with people she was comfortable with, for example cousins, grandparents and family friends.

During her prep year, her teacher commented that Ivy was always the last to finish tasks, however she wasn't overly concerned. I noticed that her work would come home unfinished, she struggled to draw simple pictures and wasn't interested in playing with toys for more than a few minutes, the way other kids did. I also became aware that, compared to her

peers, she did not interact well with other kids, and was exhibiting low muscle tone - these were all holding her back from taking risks and being more adventurous in a physical sense.

Ivy was extremely sensitive, and by the end of the year, I was concerned that her development was not at the same level as her peers, especially as she was the oldest in her class. We decided to go back to the Paediatrician who again assessed Ivy's behaviour as typical of a 4 year old, however he did suggest seeing an OT if her behaviour continued when she was 6 years old.

While we were relieved that the Paediatrician was not concerned about her development, it never eliminated the small concerns that niggled at the back of my mind.
I then took her to an OT and after many sessions at $75 per half-hour, I was still feeling lost and overwhelmed by our constant struggles. Most people who knew Ivy told me not to worry so much, including my husband who would say 'she's going to be fine, she's just young'. However, I continued to question Ivy's development, and continued to have this underlying feeling that things were always going to be more difficult for Ivy.

Ivy was still struggling with Math in Year 2 and her teacher was particularly concerned about her learning, concentration and social skills. She was not at all disruptive in class, however the teacher reported she had to increasingly make adjustments for Ivy to be able to concentrate and finish her work.

At the age of 8 and half years old, we took her back to the same Paediatrician...... for the fourth time! When my husband took Ivy out of the room, as arranged, I broke down in tears and told him that I was scared and worried that we were missing something and that I just needed to know how to help my daughter. This time I had a report from Ivy's teacher raising the same concerns as I had for so long. After considering all the information, he suggested doing a Conners assessment and repeating the MRI, just to make sure we weren't missing anything.

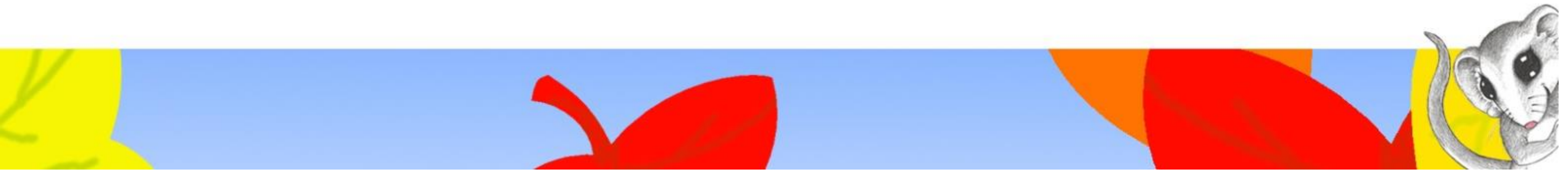
When we received the results in January this year, the Paediatrician explained to us that Ivy has Dysgenesis of the Corpus Callosum. He then conceded that this would account for Ivy's struggles. While this was difficult to hear, I felt immense relief that at last it provided answers to the challenges Ivy faces.
While it would be easy to feel resentful that my concerns were not fully addressed years ago, I am grateful that we can now focus on learning more about disorders of the Corpus Callosum and how best to support Ivy to reach her full potential.
And a final message to all parents.........believe in your intuition and go out batting for your child!

Linda has spent the last couple of weeks helping Ching to clear out her research laboratory at QBI.

Each time Linda catches up with the team over Zoom she seems to be still packing up tiny mouse brains for transport from Queensland to her new “Brain Development and Disorders Laboratory” at Washington University in St Louis, USA.

The lab team in St Louis will continue build on the work which commenced at QBI, as well as initiate some new and exciting projects. Linda will return to America at the start of April.

If you would like to check out the new lab, which does contain a few of pictures of our AusDoCC friends, the website is https://sites.wustl.edu/richardslab/research/



WA MEET UP

At the end of January we were able to get our WA Families together. We chose an indoor activity given it was a rather warm 37 degree day. Four families met up at the Zone Bowling in Morley for a friendly game and a bite to eat. It was great to catch up with some familiar faces and good to see a few newbies as well. Bowling always seems to be a good all abilities activity that gives everyone an opportunity to participate. Our beautiful life sized mascot wasn't able to make an appearance given it was extremely hot and with her being generally nocturnal we didn't want to disturb her. Hopefully we'll see her and you at our next event.

WELCOME TO THE WORLD

Xavier James Downes

7th November 2021
3210g.

Xavier was diagnosed with Partial ACC and a cyst at 32 weeks during a routine growth scan. His birth was great and our little boy is doing amazing and surprises us everyday.

This month

at the *'Meeting Place'* Q&A we meet….

Jade Wright

Where do you live?	Gladstone, QLD	**How old are you?**	23
My DCC diagnosis:	Partial Corpus Cllosum	**When were you diagnosed?**	21

Q. What is one of or some of your biggest challenge/s with your CCD?

A. Anxiety and independent living

Q. What do you like doing?

A. Guitar, dog walking and board games with friends.

Q. What/ who are your main supports for you with your CCD?

A. Mum and Dad. Psychiatrist and psychologist.

Q. What do you do with your days?

A. Read, chat online with friends, play with dog, play music and play video games.

Q. What are your interests?

A. Non-fiction (particularly history or science), music and mental health.

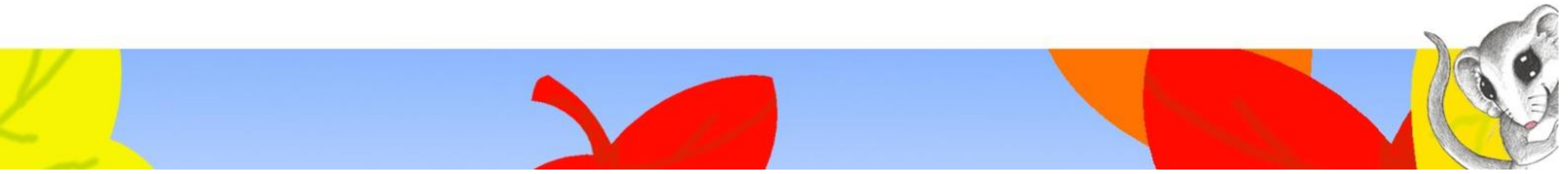
Q. What is something special/ unique about you BECAUSE of your CCD, or otherwise?

A. I'm obsessive. For better or worse. I also think I'm fairly good at socialising because I ask a lot of questions to shift the focus from me to them.

Q. Do you have any pets? Tell me about them.

A. Mia the covid dog. we adopted her in May last year and she is a 6-year-old Staffy. She likes tug o'war and chicken.

Q. Do you have a favourite joke? What is it?



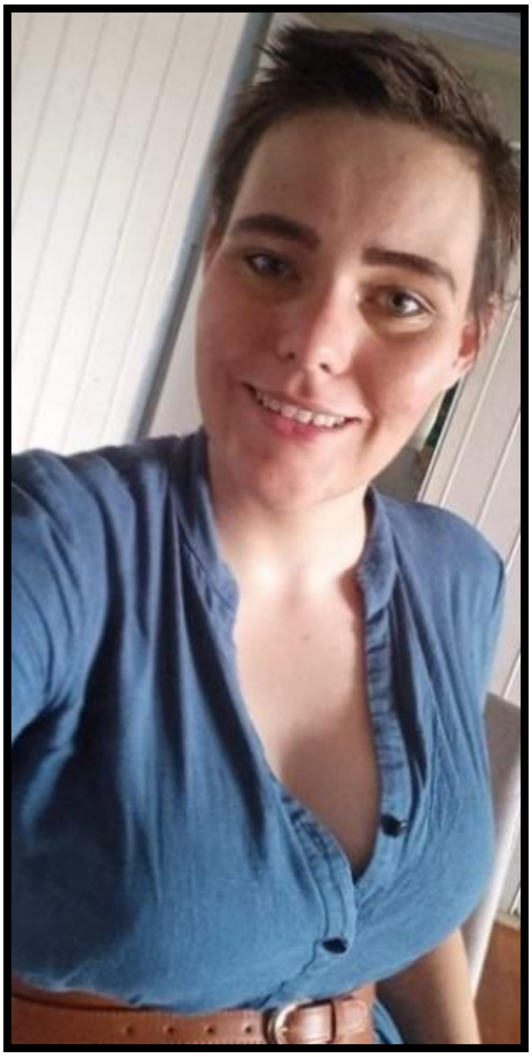
A. What is the difference between a gross transport stop and a lobster with breast implants? One is a crusty bus station and the other is a busty crustacean (say aloud for maximum effects).

Q. What is your favourite book and/or author and why?

A. Dr Jekyll and Mr Hyde by Robert Louis Stevenson because it is a fantastic discussion about morality that I can relate to because of my OCD and intrusive thoughts.

Q. If you could give one bit of advice3 to a child with a CCD who asked you for support, what would it be?

A. Perfect people are boring. That's why superman is a lame superhero; because he is so perfect, he never has to overcome a challenge. No one likes him because he never makes mistakes. Try to be like Batman or Black Panther and do your best despite your struggles. That's what makes a compelling story and a strong, brave superhero. Little steps in a big direction.



Q. If you could give one bit of advice to your child SELF to make things different or easier, what would it be?

A. Adults don't have to do sports carnivals OR maths quizzes. The end is in sight!

Q. What/ who is your favourite song, band and/ or singer and why?

A. Missy Higgins because she sings about things she cares about with honesty and catchy, soft melodies.

Q. Do you have any siblings? Tell me about them

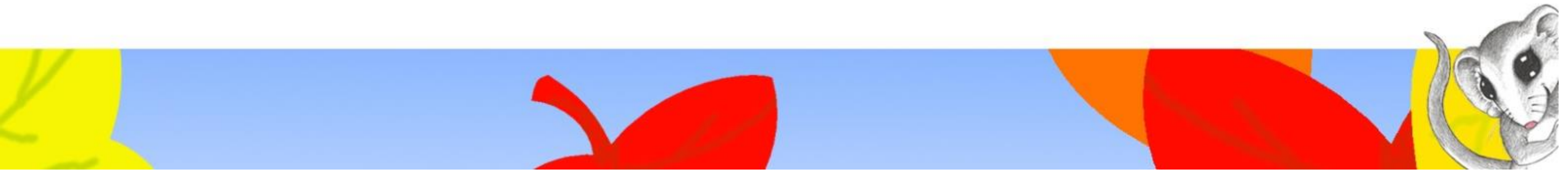
A. Only Child and spoilt rotten.

Q. Was there anything you wished you would be or do when you grew up? Has it happened?

A. I grew up wanting to be a vet... only to realise I'm allergic to cats!

Q. What is your favourite movie and/or TV show and why?

A. Steven Universe. It is a fantastic cartoon that teaches everyone about self-care without feeling like a lecture. It's funny, bright and full of life.



FROM OUR RESEARCHERS…

Online Research and Web Accessibility

I'm sure everyone has visited a website that has been hard to read or confusing to use. These days, just about anyone can create something and place it publicly on the internet (for better or for worse), and there is no requirement (yet) that they must consider all potential users of their creation. So, we ask, if anyone can create something for the internet, does that mean that anyone on the internet can access that creation? Unfortunately, the short answer is no, not equally.

In recent years, there have been increased efforts to establish a set of guidelines to address the challenges and inequalities that nearly 15% of all internet users face - web accessibility. Web accessibility guidelines, often shortened to 'a11y', outline basic features that address common accessibility issues. Industry tends to consider web accessibility as something that can be added once a product is ready to be released. This is simply not true – web accessibility should be a way of thinking more than a set of rules.

As researchers, we have many reasons to prioritize web accessibility in any research we want to run online. Not only is it an opportunity to reduce bias and address equity in research, but it is also an opportunity to set the standard for a web that is ultimately more inclusive and beneficial for all. Most developers in industry are very disconnected from their users, so we as researchers have a unique opportunity to work closely with our participants to lead change in this field. Additionally, the data we collect may be jeopardized significantly if participants cannot interact with online research on a level playing field. In the lab, when we build online research tasks, we endeavour to use tools that put accessibility first, testing the tasks before we collect data, and remain open to feedback that would improve the accessibility of these tasks.

So, what more can be done? While a set of web accessibility guidelines is a step in the right direction, more can, and arguably should, be done to improve web accessibility across the entire internet. Raising awareness and sharing experiences is invaluable in forming a collective for change, such as the A11y Project (https://www.a11yproject.com/). Before we even consider building a futuristic online 'metaverse' to solve the problems of the world, we should first focus on fixing our current web, and updating development practices to ensure that accessibility is a core consideration instead of an afterthought.

Henry Burgess

The Richards Lab – Washington University in St Louis

Calling all Australian adults with a Corpus Callosum Disorder (CCD)

Together with The University of Melbourne and The AGLAP (A Good Life Advisory Panel) Team, Maree Maxfield is conducting PhD research to explore Quality of Life of adults with a CCD. Our participatory research program will be a collaborative research project spanning several years.

The project, ‘A Good Life’ will examine the subjective quality of life (also known as personal wellbeing or happiness), of adults with corpus callosum disorders (CCDs). It will be codesigned and implemented in close collaboration with members of the CCD community as co-researchers. This is the first time such research has been conducted whereby the community of adults will report on their quality of life from their own perspectives using a variety of research techniques.

Stage one is a short online questionnaire for Australian adults with a CCD.

If you are an Australian adult with a CCD, you can access it by clicking here

If you would like to know more about adults with a CCD and the research project, please click here

The AGLAP Team

Michael Margaret Tanya Maree

G’day from Edna

Hello my friends,

I want to talk to you about something that has been hard for me lately. It’s a big word - **communication**

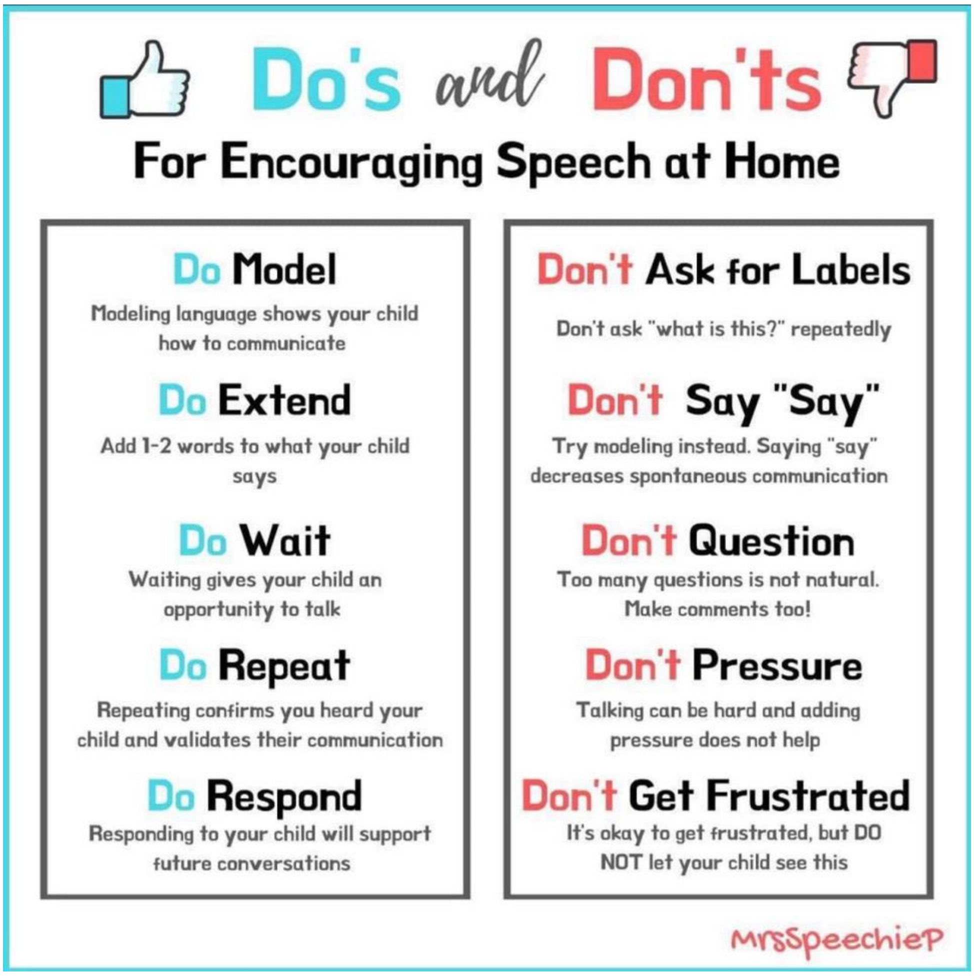
Sometimes people talk to me and I take a bit longer to answer. Sometimes they don’t wait for my brain to work out what my ears have heard. That makes me sad. After I understand what they have said I need to make my thoughts go from my brain to my mouth. Sometimes people think it is helping to ask a question again. It helps if they ask the **exact same question** but if they change the words around that makes it harder. Then I have 2 questions to answer.

I wish people would give me more time and wait because I say very important things. Phew…

Now some special, stupendous, fantastic news…
AusDoCC is having a birthday and turning 10 years old. That’s a very big number. I have sent some fridge magnets to all my friends. We have some very special birthday mugs. There will be cupcakes for Edna on April 11.

Happy Birthday AusDoCC. I love you. You help me be the best me.

Edna xxx



Do's and Don'ts

For Encouraging Speech at Home

Do Model
Modeling language shows your child how to communicate

Do Extend
Add 1-2 words to what your child says

Do Wait
Waiting gives your child an opportunity to talk

Do Repeat
Repeating confirms you heard your child and validates their communication

Do Respond
Responding to your child will support future conversations

Don't Ask for Labels
Don't ask "what is this?" repeatedly

Don't Say "Say"
Try modeling instead. Saying "say" decreases spontaneous communication

Don't Question
Too many questions is not natural. Make comments too!

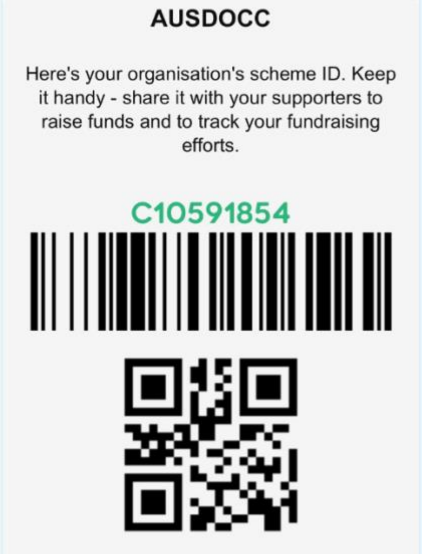
Don't Pressure
Talking can be hard and adding pressure does not help

Don't Get Frustrated
It's okay to get frustrated, but DO NOT let your child see this

MrsSpeechieP

CONTAINERS FOR CHANGE

QLD and WA members.



AUSDOCC

Here's your organisation's scheme ID. Keep it handy - share it with your supporters to raise funds and to track your fundraising efforts.

C10591854

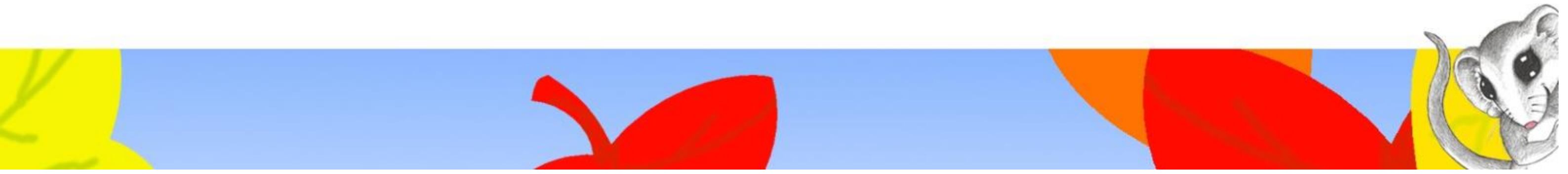
Scheme ID C10591854
Help the environment and help AusDoCC!

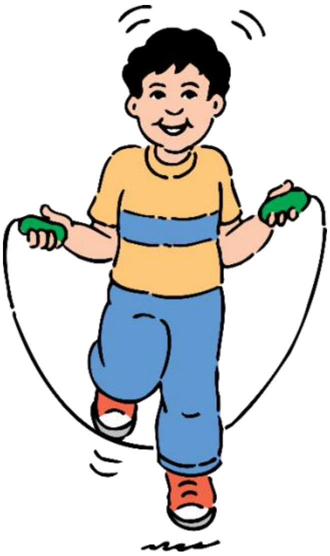
AusDoCC is now registered with Containers for Change.

Scheme ID C10591854

Take in your eligible 10c refund drink bottles and use our scheme ID and your 10c per bottle will automatically be donated to AusDoCC.
You can also add AusDoCC as your charity on your own account using the above scheme ID.

Drop off locations and more details can be found on the website
https://www.containersforchange.com.au/





WORDSEARCH

KEEPING ACTIVE

H	G	P	S	N	O	W	B	O	A	R	D	L	V	L
M	N	I	K	G	J	B	H	O	R	A	F	G	D	Q
A	K	K	C	F	W	S	P	Y	N	S	Z	C	A	P
M	E	S	Y	K	C	J	P	C	G	Y	P	D	C	O
P	B	R	R	O	L	L	E	R	B	L	A	D	E	K
D	R	A	O	B	E	T	A	K	S	E	G	I	H	P
L	Y	T	B	B	J	R	U	O	T	X	D	C	K	P
R	R	I	I	S	I	J	M	W	L	W	R	W	B	S
P	U	X	K	A	S	C	I	T	S	A	N	M	Y	G
N	O	N	E	I	E	R	S	G	M	U	B	R	Q	P
P	B	H	R	L	L	N	H	F	J	D	R	M	D	L
T	N	V	I	K	L	A	W	P	D	X	S	F	U	H
X	I	Z	D	S	P	Z	T	M	L	X	W	B	A	Z
R	T	G	E	F	Z	H	M	U	K	C	I	A	X	J
X	R	V	S	S	Q	M	N	J	M	R	M	C	D	H

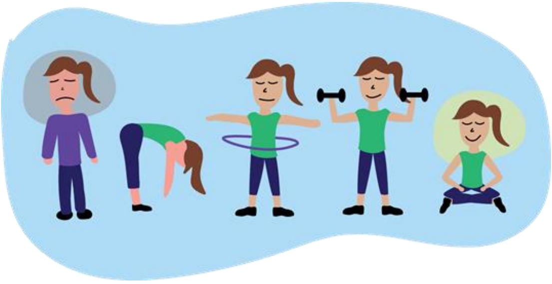
AEROBICS
GYMNASTICS
MARCH
SAIL
SKI
SURF
WALK

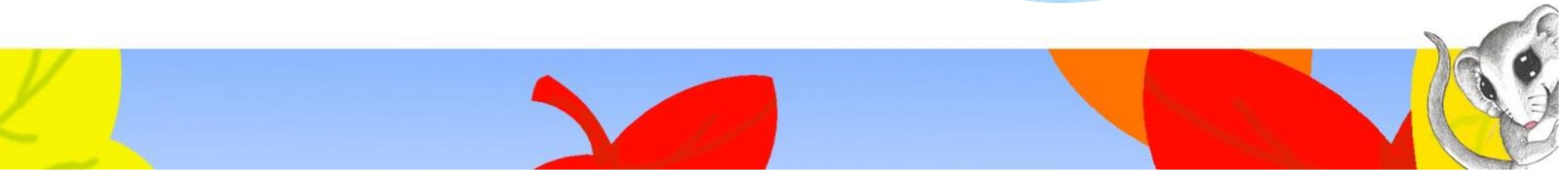
BIKERIDE
HOP
ROLLERBLADE
SCOOT
SKIP
SWIM
ZUMBA

DANCE
JUMP
RUN
SKATEBOARD
SNOWBOARD
TWIRL

Find the word in the puzzle.

Words can go in any direction.
Words can share letters as they cross over each other.





IMPORTANT DATES TO STICK IN YOUR DIARY

2022

AusDoCC's 10th birthday – April 11, 2022

IRC^5 Cortical Connections Conference – June 30, 2022

International Corpus Callosum Awareness Day – July 2, 2022

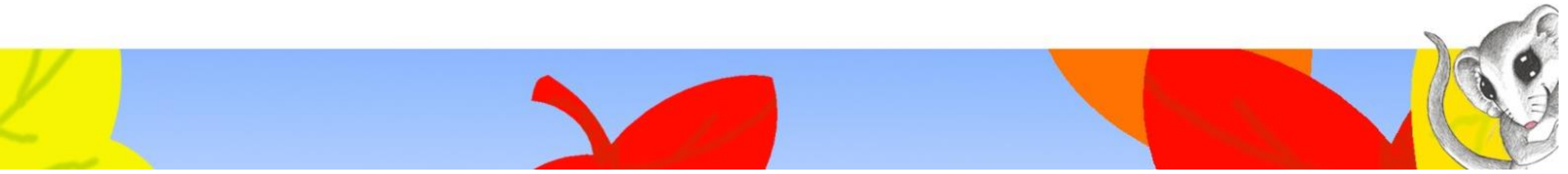
AusDoCC Committee Face2Face – August 18 – 21, 2022

My People Melbourne for adults with CCD – November 24, 2022

2023

AusDoCC national conference,

Melbourne – Connections 2023 – late 2023



MEET THE AusDoCC COMMITTEE

Kristina Coburn AusDoCC President, Social Media Officer, W.A. rep

Michael Shanahan AusDoCC Vice President, Research Officer, Qld adult's rep

Maree Maxfield AusDoCC Secretary, Website Officer, Major events co-ordinator

Maja Palacios AusDoCC Treasurer, Design Officer

Abbie Kinniburgh Adult Programs Officer, Vic adult's rep

Tanya Smith Volunteer's Coordinator, NSW rep

Georgie Lamb NSW adult's rep

Margaret Krutli S.A. adult's rep

Hilary Bustillo Qld meetups, Media liaison

Jade Wright W.A adult's rep, Blogs, website

Alex Andrews Grant's source, application

NOTE FROM THE EDITOR

Thanks again to everyone who contributed articles to this edition of the newsletter and to the team behind the scenes who help to present it. If you have a story or photos that you would like to share in the next edition, please email to editor@ausdocc.org.au by 15th June 2022

Enjoy reading
Cheers Margie

For more information about AusDoCC
visit www.ausdocc.org.au

Facebook support group - https://www.facebook.com/groups/ausdocc

Facebook support groups ADULTS –
https://www.facebook.com/groups/355338714574689/?fref=ts

Facebook page –https://www.facebook.com/AusDoccInc

CONTACT DETAILS

EMAIL: info@ausdocc.org.au

POSTAL ADDRESS:

PO Box 533, ALTONA, Vic, 3018

ACN 15 88 26 147 ABN 54 754 767 674 Reg. Org A0057821R