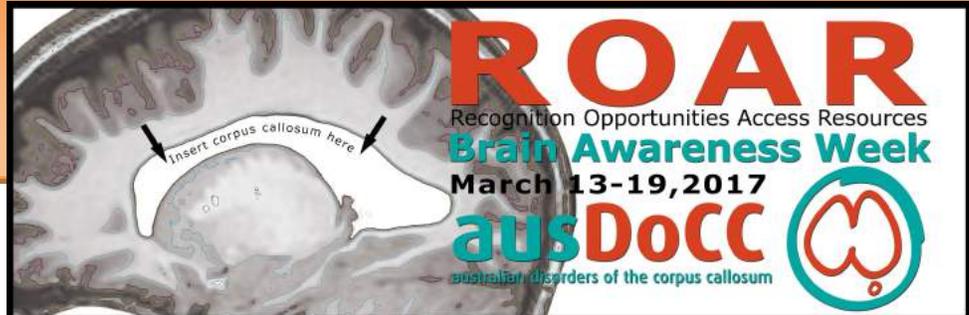


AusDoCC CONNECTS

Recognition Opportunities Access Resources

AUTUMN 2017 Newsletter
www.ausdocc.org.au



Presidents Message

Hey AusDoCC Family,

I trust the start to the new year has been a positive one. We often start the new year with big resolutions and lots of expectations and then we are disappointed when things don't come to fruition. I believe that often in families like ours we need to be kinder to ourselves. We need to make smaller goals and take baby steps to achieve them. Remember life is a marathon not a sprint.

As for AusDoCC, the committee members have been working extremely hard preparing for our upcoming corpus callosum conference for individuals, family, friends and professionals to be held in Melbourne in May. Please watch the website for current updates www.ausdocc.org.au This is an amazing opportunity. We urge you not to miss it.

For those members who aren't aware, we have an interactive Facebook group: Australian Disorders of the Corpus Callosum <https://www.facebook.com/groups/ausdocc/> When you request to join you will receive a friend request from "Ausdocc Screening" and an inbox message. This is to avoid spam. We also have a Facebook group for adults who have a disorder of the corpus callosum and we can help you access that.

Keep on ROARing for AusDoCC. ROAR for Recognition, Opportunities, Access and Resources.

Kristina Coburn



COMMITTEE MESSAGES

- **MEDIA -**

If anyone has any media article, scans or any links to media articles that you have about yourself, your child or related to disorders of corpus callosum can you please send them through to info@ausdocc.org.au. We would like to add these to our website.

The better the quality of the scan the more likely it will be used. Keep in mind due to limits on the website we may not be able to fit large articles but we will try.

- **FUNDRAISING -**

Fundraising continues throughout the country. The AusDoCC committee encourages anyone who wishes to fundraise and will offer support wherever needed. We are registered with various fundraising organizations associated with fun-runs and the like, so if you or your family and friends choose to participate in one of these activities please think of us.

- **AUSDOCC SHOP –**

Please visit our shop for products related to the corpus callosum and AusDoCC. 100% of the profits go to keeping the AusDoCC wheels turning. Meet Edna, our mascot, an Australian native mammal with no corpus callosum. She is an adorable cuddly pet for anyone and is made in Australia. Her 'adoption papers' are on the drawing board ready for her new home. Is it with you? <http://www.ausdocc.org.au/shop>



COMMITTEE MEMBERS

- KRISTINA COBURN
 - President
 - WA
- NIK HARRISON
 - Vice President
 - VIC
- LINDA FRANKLIN
 - Vice President
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 - New Zealand
- MAJA PALACOIS
 - WA
- JOHN JONKER
 - NSW

FEATURE ARTICLE

Journal article summary by Prof. Linda Richards



Sleep problems in children with agenesis of the corpus callosum

Ingram, D, & Churchill, S 2017, Sleep Problems in Children With Agenesis of the Corpus Callosum', *Pediatric Neurology*, 67, pp. 85-90, MEDLINE with Full Text, EBSCO host, viewed 28 February 2017.

This interesting study presents evidence for a higher incidence of sleep disorders in children with agenesis of the corpus callosum (ACC).

The study is based on questionnaires completed by the parents of 66 children with ACC of between 5-18 years of age, who originated from a variety of countries.

Many of the children had comorbidities which included autism, epilepsy, hydrocephalus etc.

The results indicate that sleep abnormalities such as sleep resistance and sleep anxiety were present in ACC children 5-12 years, whereas older children, 12-18 years of age, had more daytime sleepiness and were more likely to show breathing disorders during sleep. The study also showed that sleep abnormalities were correlated with a lower quality of life, particularly if the child experienced parasomnia.

The study is significant for the management of children with ACC, as it reports the need to address sleep disorders in this population.

The sleep health foundation (<http://www.sleephealthfoundation.org.au/>) has some useful advice, but, as always, discuss this with your child's doctor.

Prof Linda Richards.

(NB: For anyone interested in reading this paper in full please contact info@ausdooc.org.au.)

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UPCOMING EVENTS

National –

*Brain Awareness Week, March 13-19

* International Corpus Callosum Awareness Day, July 2 (Middle day of the year)

New South Wales –

Victoria – Connections

2017 DCC Conference, May

6 & 7, Melbourne

Queensland –

Western Australia –

South Australia –

New Zealand –

Check the Facebook page or the website for further details.

EVENTS
WILL ALSO
BE EMAILED
TO ALL
MEMBERS



What does your happiness have to do with your child's success?

By Mary E Robson, Certified HANDLE Provider.

"I have learned to be more peaceful and calm within myself, and a lot happier all round. This has in turn has positively influenced my 14 year old daughter, Indianna, who has complete Agenesis of the Corpus Callosum. Indianna has become more peaceful, calm and happier too."

- Leanne Sutton

"This year I feel like we are a different family - our house is calm, our holidays are calm and enjoyable, I feel confident now that that's how things are instead of having that feeling of wondering whether it will pass and go back to how it was. Ava and I have a renewed relationship - I've gone from having a tantrum about having to take her to IGA with me, to now finding her to see if she wants to come. I'm sure there are many things along the way so far in the program that have led me here but the one thing that I hear Mary say in my head loud and clear is, 'The single most important thing for me to do is to love her no matter what,' and I do... the odd clothing choices and her basic bad taste (in my opinion) that always had me wanting her to wear something else because I was worried people would think she looked silly don't bother me anymore; her talking to random strangers about random things in shops I now interpret as lovely that she's friendly and open. I miss her when I'm away."

- Sandra Sampson

It seems like the more we investigate to understand a medical issue, the more details we uncover. This has obvious benefits. However, if we do that at the expense of seeing the bigger picture - in this case your child who is a beautiful whole being - we focus on trying fix what is wrong. Parents then fall in to the trap of, "I will be happy *when* my child... (e.g. talks, fits in, has friends, pays attention in school)." In the mean time as a parent you are stressed, concerned, preoccupied, while you look for answers.

From your child's perspective, the experience is, "I need to be different for you to love me. Otherwise you would be happy right now." Even though as a parent your seeking answers is motivated by love, your child does not developmentally have the perspective that you have; kids are in the present moment. Most people function better when they feel the unconditional love and support from others that says, you are beautiful and full of goodness just as you are. This builds self esteem to try new things, step out of comfort zones, love them-self and feel the love of others, even when things don't turn out as planned and things are harder than they are for others. All we can be in any given moment is our own best self. All of this empowers you and your child to happy and know you are ok being just who you are. This empowers you and your child to be happy and know you are okay as you are.

"We tend to forget that happiness doesn't come as a result of getting something we don't have, but rather of recognising what we do have." - Frederick Keoning

We spend lifetimes trying to *understand*, largely engaging the left hemisphere of our brain to do so. Iain Gilchrist proposes each hemisphere allows us to attend differently in the world; and this creates a different world depending on which hemisphere we are using. Our right hemisphere processes what's going on relationally, what's happening between us. It

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seeks a deep sense of connection with others. The left hemisphere values task and behaviour over relationship. In his book, 'The Master and His Emissary', Gilchrist discusses the importance of the right hemisphere being in the lead, with the left hemisphere providing a kind of wisdom and stability *based on* what it receives from the right.

It is therefore important to use a systems thinking approach that focuses more on connecting to the beauty of what is right in front of us, and less on disassembling to understand. In doing so, we are happier; and so can explore and discover a myriad of solutions that we would not have seen with our previous view.

"By focusing on possibilities, you can see more than a potential light at the end of the tunnel. The light doesn't have to be at the end of the tunnel; it can illuminate an opportunity where ever you are." - John B Arden

When we see an iceberg, we see 7% of the entire structure; the rest is under the water supporting it. If you think of that 7% as your family's current reality, what is happening in each family member's life, our behaviours, and how all of you interrelate. Most parents have tried extinguishing the behaviours that bother them, just to find that they come back in another form. These behaviours are the compensations and strategies the child has developed to do life. The behaviours are serving a purpose. If we look at the many influences in our lives that support who we are and how we do things, we can address as many as possible and thereby lower stress levels, which typically increases function. Development, gut health, diet, neurology, biochemistry, environment, toxicity, sensory and motor systems, immune system, education, health care, services, family, society, funding/finances and government are just a few of the things in life that influence who we are.

For example, a diet high in processed foods and refined sugars leads to poor gut health, which leads to poor assimilation of nutrients, which influences the immune system, brain function and motor function. Missed developmental milestones affects muscle tone and visual functions, which makes academic tasks harder. If we can get to the root of the behaviour, we may find that it can be addressed, even if the corpus callosum remains the same.

Yet there is one more deeper layer we need to look at in order to make sustainable changes in our own lives, our families' lives, and our children's lives - and that is, how we *think* about the things that influence our lives that are currently not working efficiently. We can choose how we experience things that are happening in our lives, by changing how we think about them. If we are willing to observe our thoughts, and drop those that are not serving us, we can be more unconditionally loving and supportive individuals. The truth is, how we think about things determines how we take action; and acting from unconditional love is the most sustainable way to create change.

"Whether life is seen as an opportunity, a delightful garden of possibility, or a burden, depends on our point of view, not on our circumstances." - Cheri Huber

For more information and examples regarding how thought influences our actions:

<http://compassionate-therapy.net.au/helpconference2015/>

To learn more about how Compassionate Therapy works with families visit:

www.compassionate-therapy.net.au

Join us at one of our up-coming courses: <http://compassionate-therapy.net.au/course/hic11melbmay/>

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Brain Sells

The AusDoCC Shop

www.ausdocc.org.au/shop



- Edna - The AusDoCC Mascot \$27.00
- ACC and Me picture story book \$25.00
- 5 x new Wristbands bulk order \$12.00
- Limited Edition AusDoCC car sticker \$10.00
- 5 x ACC and Me picture story books bulk \$117.00
- 10 x ACC and Me picture story books bulk \$226.00
- 10+10 DCC information brochures and cards \$3.00
- 5+5 DCC information brochures and cards \$2.00
- Black biro with AusDoCC logo orange trim \$3.50
- Black biro with AusDoCC logo teal trim \$3.50
- 10 x AusDoCC Logo biro - black ink \$27.00
- A4 sheet of 24 round logo stickers \$10.00
- AusDoCC Lanyard with metal clip \$7.00
- Hear us ROAR wristbands \$3.00

100% of profits will help us support Australian families and individuals affected by a disorder of the corpus callosum

<http://www.ausdocc.org.au/shop>

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AusDoCC Family Stories

Research – pros and cons from a participant perspective

Article By - Tanya Smith

When Kody was first dx with Partial Agenesis of Corpus Callosum (P-ACC), at age 4, like everyone, we had no answers to my questions – Why? How? And the one that affected me most “What did I do wrong?”

Years went by and no-one had answers. No-one could tell me why he had mirror movement, why he had an ataxic tremor, why he was developmentally delayed, why he had Autism. And honestly no-one really cared. Over all those years I blamed myself – I had eaten something while pregnant, I didn't eat something while pregnant, I touched something, I thought something. You name it my overactive mind managed to blame myself.

After the formation of (Australian Disorders of the Corpus Callosum (AusDoCC) as an organisation in 2012, I discovered that there was research being conducted at the Queensland Brain Institute (QBI) into Disorders of Corpus Callosum (DCC). I decided at the time that even if they found no answers for us, they may be able to piece together part of the puzzle for another family and in turn be one step closer to answering my questions.

We moved states in 2013 and the new school psychologist suggested one day that I write down all the little things about Kody we had observed, for future reference for therapists / educators etc. And so came about a very long story about Kody.

When registering for the research with the QBI, I sent along this story, just in case they were interested. It turns out they were interested in the story. He caught the attention of researchers due to his mirror movement and the P-ACC. At the inaugural Connections conference for AusDoCC in Brisbane in 2015, we spoke to a few of the researchers regarding the mirror movement. I mentioned that my daughter also had a mirror movement and my mum mentioned that I used to do the same things as a kid. So it seems that the things that I had taken for granted as being “normal” were in fact not.

Who knew that writing with both hands was not “normal” or being able to ten-pin bowl with either hand was not “normal”. I didn't realise, I had always been able to do it and so had both my kids.

So further research was conducted – DNA samples, blood tests, brain MRI's, brain stem MRI's, neuropsych testing, movement specialist tests, pain tolerance tests. It was an interesting process and we were treated with a lot of respect by the researchers and their assistants.

With the data collected from my family and other participants in the research, the conclusive evidence was found that there was in fact a gene that had caused Kody's disorder. The research has also showed that my daughter and I have the gene also. We do however have our CC .

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So I had my answer – “Yes, I caused Kody’s disorder!”

- Am I upset about this? No, not at all, I did nothing wrong. It is just the way it is, and there is not anything I could have done that would have changed the outcome.
- Would I have liked to have known sooner? Absolutely, earlier knowledge that the mirror movement was actually a structural brain defect would have meant we could have targeted his occupational therapy and physiotherapy better and not waited for him to developmentally grow.
- How would I feel had the research not been conclusive or not been the gene we have? I would have been disappointed. I did have my hopes up that this would have the answers I desperately wanted. It would have however, allowed us to cross off one more item.
- Is research for everyone? I don’t believe so. I think that there are people with the rarer syndromes where research is not going to have any conclusive result which would prove extremely disappointing for that person. However I do know that the need for answers can be very strong, and maybe your DNA is that missing link that will tie all the data together.

So where to from now? While answers of causes may be helpful they will not change the outcome. Kody will always be Kody – the kind hearted, funny, amazingly resilient person that he is. The difference now is that medical professionals, educators, therapists may now take some notice. Take notice that ACC is a primary diagnosis which does have an impact on people with the disorder. Take notice of parents and not dismiss the development delays especially when partnered with a mirror movement.

After years of fighting for recognition I realise that the discovery is not going to change people’s perceptions overnight, but if it can help just one more professional take notice then we are one step closer.



ACC CLASSIFIEDS

Malte Posterior Walker for Sale \$1400 ono

This groovy size 1 2015 Malte posterior walker was a great help to our little girl when she was ready to walk. In around 8 months she no longer needed the aid and started walking independently. The walker has additional fittings of **anti-tips** and a **hip positioner**. The walker was purchased new for \$2000.



MALTE MINI is ultra-light and extremely compact for an early walking start

- The abducted frame shape forms a large support surface and at the same time limits pendular motion outwards
- The individual width and height adjustable handles allow adaptation to the individual body measurements
- The easy-fold base frame allows problem-free storage and transport in the smallest of spaces
- Equipment such as wheel stops for the handlebars and return stop are already included in the basic model



Specifications:

Handle Height 34-58cm
Height of forearm supports 46-70cm
Handle spacing 22-36cm
Total Width 56cm
Total Length 68cm
Frame Height (folded) 25cm
Transport dimensions (LxWxH) 66x56x25cm
Max Load Weight 30kg
Weight 7.1kg

Please contact:

Lu-Yee Millar

0411 038 600

allmillarsbigandsmall@gmail.com

For anyone wishing to advertise through CONNECTIONS please contact
admin@ausdocc.org.au



CONFERENCE UPDATE

GENERAL INFORMATION

REGISTRATION APPLICATIONS: Upon completing your application and payment, conference participants will receive a receipt for payment letter with an update of conference details and information about Melbourne.

ACCOMMODATION: We recommend that conference attendees stay at the Rydges if possible. It reduces the stress of being at another venue and having to pack everything for a long day without access to a quiet space if needed during the day. Rydges on Swanston offers discounted, refurbished rooms which can also be booked for 3 days either side of the conference for those who wish to extend their stay. (AusDoCC does not receive any associated financial benefit from Rydges, but we support the arrangement to help families have a smoother conference experience..

CHILDREN under 3: If you have toddlers or babies it may be helpful to bring other family members to help with their care during conference sessions.

APPOINTMENTS: There is an option on the conference registration form to request an appointment with a key professional. We have a limited number available with the various presenters. They will be allocated strictly by registration order but anyone wishing to have one of these 20 minute appointments must send their child's/own MRI images to AusDoCC, PO Box 533, Altona, 3018. You will be contacted this week with more details if you have already paid registration for conference. If not, I urge you to register soon if you are hoping to take up this opportunity.

MEET 'N GREET/EARLY REGISTRATION: There will be an informal Meet 'n Greet on Friday, May 5, from 5pm - 9pm in the Blues Restaurant at Rydges on Swanston.

EARLY REGISTRATION: Early conference registrations will take place in the Rydges Blues Restaurant from 5-7pm on Friday May 5. This will be a chance to register early and collect your program and delegates bag.

SUPPORT FUNDING: If you are applying for support funding to attend this conference, AusDoCC can supply you with a personalised support letter to describe the benefits of attending Connections 2017. Please contact info@ausdocc.org.au for details.

PROGRAM : This is a preliminary program and sessions are subject to alteration without notice. Program updates will be provided as available according to final speaker confirmations.

SATURDAY (MAIN)						ADULTS
ROOMS ->	TIMES	HORIZON 120	VISTA 120	PANORAMA 60	ASPECT 30	THE CAVE
	8.00 - 9.00	REGISTRATION OPENS -CHECK IN (ground floor) RECEIVE ID LANYARD, NAME TAG AND DELEGATE BAG (main conference on Level 4) KIDS' CLUBS CHECK-IN BEGINS AT 8.15 a.m. on ground floor				
SESSION 1	9.00-9.30 9.30-11.00 (120 mins)	WELCOME • Welcome to country • AusDoCC President's welcome • Dignitary welcome KEYNOTE SPEAKERS- Introductory profiles • Prof. Linda Richards, Deputy Director, QBI (QLD) - DCC research • Prof. Warren Brown, Director, Lee Edward Travis Research Institute (USA) - Psychology • Dr. Lynn Paul - Director, Caltech Psychological Assessment for Research Lab (USA) - Psychology • Prof. Elliott Sherr - Director, UCSF Comprehensive Centre for Brain Development, (USA) - Neurology				9.00 WELCOME (Skyline) 9.30. WORKSHOP • Education - Anthony Gartner • Employment - EPIC (TBC) • NDIS Melo Kalemkeridis
Break	11.00-11.30	Morning tea break				
SESSION 2	11.30-12.45 (75 mins)	Mums • Purple Soup	Dads • Purple Soup	Professionals - Raising the DCC profile • Public Health (TBC) • Anthony Gartner • Linda Richards • Myff Adkins	Friends and family • Elizabeth Courtney (TBC) • Facilitator #2 (TBC)	Psychosocial and cognitive impacts of living with DCC • Lynn Paul • Warren Brown • Mark Walterfang • QBI team (TBC)
Lunch	12.45-1.45	Lunch break				
SESSION 3	1.45-3.00 (75 mins)	Autism & DCC • Elliott Sherr • Yellow Ladybugs. Penny Robinson	Therapies for DCC #1. Options • Physiotherapy. Myff Adkin • Horticulture. Steve Wells • Hippotherapy. (TBC) • Social Work (TBC)	NDIS • Carers Victoria • Mark Wyburn • Pieta Shakes	Compassionate Therapy. • Penny Jacobsen • Mary Robson • Leanne Sutton	Social activity off campus • Volunteer #1 • Volunteer #2 • QBI team (TBC)
Break	3.00-3.20	Afternoon tea break				
SESSION 4	3.20-4.30 (70 mins)	Genetics & DCC • George McGillivray • Kate Pope • Keri Pereira	Imaging of DCC & other associated brain abnormalities • Simone Mandelstam	Education options. • Kathryn Arbuckle • Anthony Gartner • Sarah Hancock • Kathy Browne (TBC)	Best Practices Document. Pre birth to aged. AusDoCC 1 AusDoCC 2	Social activity off campus (cont.)
Evening	6 p.m.	Dinner + Rock Trivia Quiz, family fun with Purple Soup (included with registration). Photo Booth. Presentations.				

SUNDAY (MAIN)						ADULTS	
		HORIZON	VISTA	PANORAMA	ASPECT	THE CAVE	
SESSION 5	9.00-10.15 (75 mins)	KEYNOTE SPEAKERS - Introductory profiles <ul style="list-style-type: none"> • Prof Rick Leventer, RCH, neuroscience research, MCRI (Vic) - Paediatric neurology, • Assoc. Prof. Simone Mandelstam, research, Florey Institute, RCH, (Vic) - paediatric and epilepsy radiology. • Dr. George McGillivray, genetics research, MCRI, (Vic) - Clinical and prenatal genetics • Assoc. Prof. Mark Walterfang, research, Florey Institute (vic), consultant neuropsychiatrist 				Technical Aids demonstration #1 Trade table holders (TBC)	Keeping well and active - Karen Gatt AusDoCC adults with DCC - planning for the future <ul style="list-style-type: none"> • AusDoCC #1 (TBC) • AusDoCC #2 (TBC)
Break	10.15-10.45	Morning tea break					
SESSION 6	10.45-12.00 75 (mins)	Psychosocial aspects of DCC <ul style="list-style-type: none"> • Lynn Paul 	Epilepsy & DCC <ul style="list-style-type: none"> • Rick Leventer • Speaker #2 (TBC) • Linda Franklin 	TBC	Relax & Unwind <ul style="list-style-type: none"> • Carers Victoria 	Science & Medicine - ask the professionals <ul style="list-style-type: none"> • Elliott Sherr • George McGillivray • Simone Mandelstam • Mark Walterfang 	
Lunch	12.00-1.00	Lunch break					
SESSION 7	1.00-2.15 75 (mins)	Colossal basics and cognitive functions of DCC <ul style="list-style-type: none"> • Warren Brown 	Therapies for DCC #2 - Options <ul style="list-style-type: none"> • HANDLE. Penny Jacobsen, Mary Robson • Occupational. (TBC) • Music. Ebony Birch Hangar • Speech. (TBC) 	Services for Carers <ul style="list-style-type: none"> • Carers Vic. 	Ask the Adults with DCC <ul style="list-style-type: none"> • Emily Johnson • Speaker #2 (TBC) • Adults with a DCC 	PANEL	
Break	2.15-2.45	Afternoon tea break					
SESSION 8	2.45-4.00 (75 mins)	What are the IRC ⁵ and the Australian Brain Alliance? <ul style="list-style-type: none"> • Linda Richards • Where to from here? Bruce Fleming (TBC) 		Technical Aids demonstration #2 Trade table holders	Relax and unwind Materials available Chatroom	Be inspired. Bruce Fleming (TBC) What next? <ul style="list-style-type: none"> • Reflect & speculate 	
Close	4.00-4.30	<ul style="list-style-type: none"> • Conference Slideshow. • Close 				Slideshow Close (Horizon/Vista)	

ABBREVIATIONS:

QBI - Queensland Brain Institute

DCC - disorder/s of the corpus callosum

MCRI - Murdoch Children's Research Institute

RCH - Royal Children's Hospital

AusDoCC - Australian Disorders of the Corpus Callosum

UniMelb - University of Melbourne

TBC - to be confirmed

HANDLE: Compassionate Therapies will be presenting a pre-conference, "Introduction to HANDLE® - Level 1" at Rydges on Friday May 5. This is an independent event with discounts for AusDoCC members and conference attendees. Details at <http://compassionate-therapy.net.au/course/hic1melbmay/>



Cortical Connections 2017 - A symposium on brain development

The cortical connections meeting on May 5 2017 is a scientific symposium aimed at researchers and health care professionals. It will be discussing the basic science of normal and abnormal brain development. If any AusDoCC members are interested in coming they will welcome to attend if numbers allow. The symposium is not open to the general public.

The Melbourne Children's campus is delighted to host the 2nd biennial Cortical Connections symposium in Melbourne in 2017.

This follows the very successful inaugural symposium at the Queensland Brain Institute in 2015. The symposium is a one day meeting with talks by leading national and international researchers on normal and abnormal brain development.

The symposium is multidisciplinary and includes speakers from the fields of developmental neuroscience, laboratory genetics, clinical genetics, paediatric neurology, neuroimaging and neuropsychology. The aim of the symposium is to identify themes and future research directions in the field of brain development and to foster national and international collaboration.

The symposium will be held in the **Ella Latham Auditorium within the Royal Children's Hospital** and is **free to attend**. The symposium is suited to clinicians and researchers in the field of neurodevelopment.

Morning tea, a light lunch and afternoon tea will be provided.

Confirmed speakers:

Prof Linda Richards: Queensland Brain Institute The University of Queensland

A/Prof Julian Heng: Harry Perkins Institute of Medical Research, University of Western Perth

A/Prof Paul Lockhart: Murdoch Childrens Research Institute and University of Melbourne

Prof Christel Depienne: Institute of Genetics and Molecular and Cellular Biology, Université de Strasbourg and Institut de Génétique Médicale d'Alsace, Hôpitaux Universitaires de Strasbourg, France

Prof Tania Attie-Bitach: Institut Imagine, Hôpital Necker Enfants Malades and Paris Descartes - Sorbonne Paris Cité University, Paris, France;

Prof Ingrid Scheffer: Florey Institute of Neuroscience and Mental Health, Austin Health and Royal Children's Hospital University of Melbourne

Dr Lynn Paul: Division of Humanities and Social Sciences, Caltech, Pasadena, USA

Prof Vicki Anderson: Murdoch Childrens Research Institute, The Royal Children's Hospital and University of Melbourne

Prof Warren Brown: Travis Research Institute, Fuller Theological Seminary, Pasadena, USA.

Prof Fernanda Tovar-Moll: Institute for Biomedical Sciences, Federal University of Rio de Janeiro and D'Or Institute for Research and Education (IDOR), Rio de Janeiro, Brazil,

A/Prof Richard Leventer: Murdoch Childrens Research Institute, The Royal Children's Hospital and University of Melbourne

Dr Robert Smith: Melbourne Brain Centre, Florey Institute of Neuroscience and Mental Health

Enquiries: kate.pope@mcri.edu.au



DONATIONS -

AusDoCC is registered charity with Deductible Gift Recipient (DGR) endorsement. This means that donations made to AusDoCC are tax deductible.

Where does the money go —

- produce information brochures for families, doctors and teachers
- support scientific and clinical DCC research programs
- connect socially isolated individuals with a DCC
- support and unite families
- increase distribution of essential medical and educational information
- form a collaborative of Australian bodies of professionals to advise us on DCC
- write an Australian picture storybook about DCC
- plan a national conference for 2017
- attend conferences and training on advocacy, disability and peer support
- become involved with international peak DCC 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 DCC research
- maintain insurance to cover our activities and events
- increase societal awareness of DCC
- create a national corpus callosum awareness day on July 2.

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>

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