

# **Sequoia Pathways: Cognitive Wellness Program**

## **Cognitive Wellness Program Education & Support for Individuals, Families, and Care Teams**

It has been a privilege getting to know your loved ones and to learn the stories and strengths that make each of them unique. These relationships are truly at the heart of my work.

The Sequoia Pathways: Cognitive Wellness Program, launched in October 2025, was created to support the whole person by integrating dementia care with comprehensive mental health and behavioral health services. Many residents experience both cognitive changes and emotional or behavioral challenges. Our program delivers compassionate, evidence-based care through psychotherapy, goal setting, behavioral strategies, and psychiatric medication management.

We work alongside families, caregivers, and facility teams to develop individualized plans that honor each resident's history, needs, abilities, and preferences. By spending meaningful time with each person and truly understanding who they are, we strive to enhance comfort, dignity, stability, and overall quality of life.

### **What to Expect**

As part of this program, I will meet with the facility manager and family—either in person or virtually—to learn more about your loved one, review medications, explore current challenges, and establish shared goals of care. Your loved one may receive:

- Cognitive assessment (as appropriate)
- Mood and psychiatric evaluation
- Behavioral health assessment
- Medication review and recommendations
- Psychotherapy focused on coping, adjustment, emotional expression, and behavioral strategies

This evaluation allows us to create a personalized plan aimed at reducing distress, improving behavioral stability, and helping residents feel safe, understood, and supported.

### **Who Qualifies for the Cognitive Wellness Program**

#### **Behavioral Health / Psychotherapy Pathway**

- Anxiety, depression, insomnia, bipolar disorder, or PTSD
  - Schizophrenia, schizoaffective disorder, personality disorders, or OCD
  - Mild memory impairment, adjustment issues, or emotional/behavioral expressions related to distress
- Services include psychotherapy, goal setting, behavioral strategies, and medication management.

#### **Dementia Support Pathway**

- A diagnosis of moderate to severe cognitive impairment
- An activated Power of Attorney for healthcare
- Behavioral or mood disturbances related to dementia
- Cognitive impairment impacting safety, functioning, or quality of life

Services include dementia-centered assessment, caregiver education, individualized recommendations, behavioral strategies, and ongoing monitoring.

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## Mental Health & Psychiatric Services Included

- Psychotherapy and supportive counseling
- Behavioral health interventions
- Ongoing goal setting and care planning
- Psychiatric medication management
- Family and staff education
- Collaborative behavioral planning

## Next Steps

A Sequoia team member will reach out to schedule the initial visit and answer any questions. Please sign and return the consent form to confirm participation. Consents may be emailed, faxed, or mailed to the address provided.

## About Dr. Donna Hawley

I am the Founder and Program Lead for the Sequoia Pathways: Cognitive Wellness Program, with over 25 years of experience in geriatrics, dementia care, psychotherapy, behavioral health, psychopharmacology, hospice, and palliative care. I am a board-certified Psychiatric-Mental Health Nurse Practitioner and a Certified Dementia Practitioner & Trainer.

I hold a Doctor of Nursing Practice and Master of Science in Nursing Education from the University of Wisconsin-Oshkosh and completed my Psychiatric Nurse Practitioner training at UW-Milwaukee. Since 2013, I have served as nursing faculty at UW-Oshkosh, teaching and mentoring future nurses.

I currently serve on a committee with the Alzheimer's Association and previously served as an expert representative for the Wisconsin Department of Human Services Long-Term Care Advisory Board.

My vision is to expand dementia education, cognitive wellness, and behavioral health support across Wisconsin and beyond—ensuring caregivers and care teams feel confident and empowered to deliver exceptional, person-centered care.

Sincerely,

Donna J. Hawley, DNP, APNP, PMHNP-BC, CDP, CADDCT  
Founder & Program Lead  
Sequoia Pathways: Cognitive Wellness Program  
Sequoia Integrative Medical Services

# Sequoia Pathways: Cognitive Wellness Program

## SEQUOIA PATHWAYS: COGNITIVE WELLNESS PROGRAM: Consent to Participate

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Facility/Residence: \_\_\_\_\_

Legal Decision Maker (if applicable): \_\_\_\_\_ Relationship: \_\_\_\_\_

POA Phone: \_\_\_\_\_ POA Email: \_\_\_\_\_

### **1. Purpose of the Cognitive Wellness Program**

The Cognitive Wellness Program provides comprehensive assessment, monitoring, and treatment of cognitive, behavioral, emotional, and functional changes associated with dementia and other neurocognitive disorders.

### **2. Nature of Services**

Participation may include cognitive assessments, behavioral assessments, psychiatric evaluation, medication management, safety planning, psychotherapy, and communication with caregivers. Services may be provided in person or via telehealth.

### **3. Risks and Benefits**

Benefits include improved comfort, stability, and quality of life. Risks may include emotional discomfort, medication side effects, or identification of safety concerns requiring further intervention.

### **4. Confidentiality**

All information is confidential under HIPAA and state law. Information may be shared with authorized parties involved in care. No information is released without consent unless legally required.

### **5. Medication Management**

If medications are recommended, risks, benefits, and alternatives will be reviewed. Ongoing monitoring and adjustments will occur as needed.

### **6. Patient Rights**

Patients or legal representatives have the right to ask questions, withdraw consent, request a second opinion, and participate in care planning.

### **7. Consent to Treatment**

By signing, I acknowledge understanding the purpose, risks, and benefits of the Cognitive Wellness Program and consent to assessment, treatment, and coordinated care.

Patient (if able): \_\_\_\_\_ Date: \_\_\_\_\_

Legal Representative/POA: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax completed consent form to: (920) 543-5288