Information about the Social Work Assessment Tool

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The Social Work Assessment Tool (SWAT) was developed through the efforts of the National Council of Hospice and Palliative Professionals (NCHPP) Social Work Section. The Section Leader at the time was Dr. Dona Reese. She formed a core group of social workers and worked with Dr. Ruth Huber of the University of Louisville College of Social Work, Stacy Orloff, Hospice of the Suncoast (now Suncoast Hospice), Mary Raymer, past NCHPP Social Work Section Leader and Dr. Susan Gerbino, faculty member at the University of NYU and on the NCHPP Social Work Section Steering Committee. The overall goal was to create a comprehensive assessment tool to be used with hospice patients and family members. It was hoped that use of the tool would help provide measurable outcomes of social work interventions.

You can download a copy of the instruction booklet on how to use the SWAT from the NHPCO website under NCHPP. The booklet suggests that patients/family be assessed on each visit and asked to rank themselves on various domains. Ratings can then be seen to increase or decrease over time based upon patient/caregiver perceptions. An article was also published on the SWAT; see citation below.


Dona Reese believes that “another need is to identify social work interventions and evaluate them for effectiveness in terms of influencing these outcomes. Very little of this type of research has been done. When we surveyed social workers in the National Hospice Social Work Survey, we asked them a qualitative question about what interventions they use with clients (this part of the data analysis has not been published to date). Social workers mainly said they provide emotional support; very few intervention models were identified.” This is a big gap in the field. Two recent books by leading authors in the field may describe some intervention models:


The SWAT project began almost 10 years ago. Emphasis on outcomes has only increased in that time. There are programs that currently use the SWAT. There are also some concerns that the SWAT has limitations (not all patients can self report).