Book Review

Title: *What Psychotherapists Should Know About Disability*

Author: Rhoda Olkin

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Reviewer: Beth Omansky

Divided into fourteen chapters, this book provides an overview of disability laws, social history, and definitions; attitudes and stereotypes experienced by disabled people; family dynamics; psychotherapeutic treatment approaches, and "special" issues in therapy with disabled clients. There is a chapter on assistive technology as well, which seems to be extraneous to the central themes of the volume.

Olkin compares and contrasts the "moral model" (punishment for sin), the "medical model" (traditionally used in human services), and the "minority model," which she believes is synonymous with the "social model" of disability. However, this assertion fails to recognize the centrality of materialism in the classic social model.

Especially considering the pervasiveness of multicultural theory and practice in applied human science education and training, it is understandable that Olkin prefers the minority model, which claims that disabled people are treated by society in similar ways to racial and cultural minority groups. The "minority model," is about "prejudice, discrimination, and stigma (p. 24). Through the use of tables and accompanying explanations, Olkin draws parallels between disabled people and other minority groups' experiences, i.e., "pressure to assimilate," "subjects of eugenics," "hate crimes," "inappropriate use of tests," "under-representation in professions," "separate but unequal," "affective regulation," "unemployment," and the "body as reflection of self" (pp. 28-34). Using "person first" language throughout the text, Olkin states that it is preferred in the United States, but then wisely advises helpers to "[m]odel your language after that used by the client" (p. 40). While I find typical disability "etiquette" guidelines objectionable, Olkin's chapter on this topic contains practical, concrete, useful "general rules, e.g., "Don't stare," "Think about the temperature in your office," and when dealing with a personal assistant, interpreters, or family, "Be clear about who is the client" (pp. 190-200). However, when it comes to actually doing therapy with disabled clients, Olkin reverts to the medical model, writing that the therapist needs to determine how the client's disability "in clinical practice, assessment of functional level – and any ways the therapy itself might be affected by this – is a crucial initial step (p. 40).

Despite some limitations, *What Therapists Should Know* is a refreshing addition to a body of literature which usually lacks any alternative to the medical model. I hope that Olkin will produce an updated edition which reflects current thinking in the disability community. All in all, it is a very useful volume for teaching alternative ways to perceive disability.