

### Case Example: Rachel Inouye

“It doesn’t seem fair—first the accident and now this.” Rachel Inouye’s mother seemed near tears as she talked with the interviewer. Rachel herself sat quietly in her wheelchair. “I guess any normal 16-year-old is likely to feel depressed with a fractured pelvis, but our surgeon said this might be manic-depression,”

Until five months ago, Rachel had seemed pretty much like any other adolescent girl—moody at times, but generally outgoing and friendly. A bad fall during gymnastic class had left her with a fractured pelvis and bladder problems. Although her doctors had assured the family that she would eventually recover, a body cast had kept her at home for five months. To keep up with her schoolwork, she relied on a home tutor to help her with the assignments her friends brought.

For the first several weeks, Rachel’s grades actually improved slightly. But then her moodiness had worsened dramatically. For a day or two she would be high-spirited, giggling and talking rapidly; during these times, she slept little and was full of plans about what she would do when she finally escaped her wheelchair. These phases would alternate with times when she was irritable, tearful, and uncommunicative. Although she could not be accurately weighed, she had probably lost 10 pounds; to her mother, she looked thin and gaunt. Regardless of whether her mood was up or down, she complained of difficulty sleeping. A week ago she had frightened her mother by saying that she “might as well be dead.” That precipitated the call to their surgeon and the mental health referral.

Throughout her mother’s recitation, Rachel had remained completely silent. Now, with her mother out of the room, she proved surprisingly communicative. Although she admitted making the remark about being better off dead, she denied that ever felt suicidal. She was “pretty damned sick “of living in a wheelchair, and her interest and energy were often low. Questions about her social life and relationship with her parents produced little useful information. Finally, the subject of drug use was brought up.

“Why is that important?” asked Rachel.

“Drugs can sometimes cause mood swings like you’ve been having.”

After a long pause, Rachel began to relate the story of her boyfriend, who once or twice a week brought her a supply of cocaine. Snorting it several times a day, she felt euphoric and energetic; once it ran out, she became depressed.

The interviewer remarked that it sounded like an expensive gift.

“Oh he can afford it. He deals it. He sells to half the kids in the school. You’re not going to tell my mom, are you?”