

# Canine Visitation (Pet) Therapy

## Pilot Data on Decreases in Child Pain Perception

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**Purpose:** To explore the effectiveness of canine visitation therapy (CVT) in pediatric pain management in a tertiary care children's hospital, a descriptive pilot study was conducted. **Method:** A convenience sample of 25 English-speaking children ages 5 to 18 years who underwent surgery and experienced acute postoperative pain participated in a standard, one-time CVT intervention. Each child completed a pre-post survey and a postintervention interview. **Findings:** Quantitative pre-post findings indicate that CVT significantly reduced perceived pain. Qualitative findings suggest that one mechanism that makes CVT effective may be cognitive. That is, CVT distracts children from pain-related cognition and possibly activates comforting thoughts regarding companionship or home. **Conclusion:** The study findings suggest that CVT may be a useful adjunct to traditional pain management for children. **Implications:** Nurses may better serve their patients when CVT is an option.

**Keywords:** *pain management; pediatric; canine visitation therapy; animal-assisted therapy; complementary/alternative medicine*

Clinical experience in pain management strongly supports optimizing the human-animal bond to ameliorate some of the negative stresses related to hospitalization; specifically, it supports the belief that canine visitation therapy, or CVT, can be a valuable part of a pediatric pain management program. In addition to the use of traditional pharmacologic agents to manage pain, nurses can help children to maximize their coping skills through the use of nonpharmacologic strategies. This, in turn, may result in reducing pharmaceutical intervention and thus the potential for negative drug side effects or harmful medication errors. Furthermore, when quickly delivered, CVT can reduce the time children spend in pain.

To explore whether and how CVT reduces perceived pain (including physical pain and emotional distress) and to help determine if there would be value in a randomized, controlled trial of CVT in relation to pediatric pain management, a descriptive pilot study exploring the effectiveness of CVT in pain management for children was conducted using a pre-post pain assessment survey and a postintervention interview.

The specific aims were to examine the possible effectiveness of a canine intervention in reducing pain in hospitalized children experiencing acute postoperative pain, to test the feasibility of the data gathering methods, and to gather qualitative data that might assist in building hypotheses regarding the mechanisms behind any reduction in pain perception.

## Background and Justification

### Pain Management

Practice guidelines from the Agency for Healthcare Research and Quality (Acute Pain Management Guideline Panel, 1992), the American Pain Society (American Pain Society Quality of Care Committee, 1995), and the American Society of Anesthesiologists (1996) recommend that institutions develop a formal means to evaluate and assure optimal pain management. In 2001, the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) implemented pain assessment and management standards

across the United States thereby supporting this important shift in the way that health care systems respond to patient pain.

Children's Hospital San Diego (CHSD) established a pain management program more than 10 years ago. The program adheres to current JCAHO standards and offers standard therapy through various routes including oral, epidural, and parenteral (e.g., through patient-controlled analgesia). Pharmacologic intervention for acute pain is multimodal, consisting of opiates, benzodiazepines, and nonsteroidal anti-inflammatory agents. CVT is offered to children (with parental consent) as an adjunct to help maximize their own coping strategies in dealing with pain.

Although effective pain management is now considered a patient right (e.g., by JCAHO), pain continues to be unrecognized and undertreated in infants and children (Romsign, Moller-Sonnergaard, Hertel, & Rasmussen, 1996; Stevens, 1999). Despite the availability of potent analgesics and guidelines for pain management, children continue to suffer moderate to severe pain postoperatively (Bennett-Branson & Craig, 1993; Cohen, 1993; Kokki, 2004). The questions for this study are as follows: Might CVT help to mitigate this problem and distress related to it? If so, how?

### **Animal-Assisted Therapy (AAT)**

The use of companion animals in health care seems to have positive benefits. Research in a variety of adult populations, including cardiac patients, geriatric patients, and nonpatients (pet owners and nonowners), suggests that activities that promote the human-animal bond are linked to decreases in blood pressure, heart rates, and stress levels and increases in social interaction and emotional well-being (Jorgenson, 1997). Animal-assisted activities (AAT), practiced in about 600 U.S. hospitals, include AAT in which medical professionals use dogs or other animals to achieve specific therapeutic objectives, such as helping patients to relearn how to balance when standing, throw a ball, or brush hair (Roosevelt, 2001).

One way that animals can be used therapeutically is for visitation. In animal visitation therapy, the goal is to foster rapport and communication. Visitation therapy aims to increase patient responsiveness by providing the patient some pleasure. The animal initiates contact, and the patient's particular situation-specific needs guide the intensity and duration of the visit (Jorgenson, 1997). At the University of California, Los Angeles Medical Center and Mount Sinai Hospi-

tal in New York City, visits from dogs have been incorporated into treatment and rehabilitation programs for adult heart transplant and brain and spinal cord injury patients. In Texas, dogs visit pediatric burn patients and calm Alzheimer's ward residents (Roosevelt, 2001).

*Evidence basis for AAT.* There is little published research that addresses the effect of AAT interventions such as visitation therapy. Most research that has been done has focused on the elderly and mental health in adults. For example, research has shown that AAT reduced loneliness in residents of long-term care facilities (Banks & Banks, 2002); enhanced socialization, activities of daily living, and general well-being among elderly schizophrenic patients (Barak, Savorai, Mavashev, & Beni, 2001); and increased nutritional intakes and weights among individuals with Alzheimer's disease (Edwards & Beck, 2002). Research also has found reduced fear among adult psychiatric patients before electroconvulsive therapy (Barker, Pandurangi, & Best, 2003) and reduced anxiety among adult patients hospitalized with a variety of psychiatric diseases (Barker & Dawson, 1998).

Although research involving AAT in children is sorely lacking, some published studies do exist. For example, a quantitative crossover study of children with pervasive developmental disorders that compared children exposed to a ball, a stuffed dog, and a live dog found that the children in the presence of the live dog were more focused and exhibited a more playful mood and more awareness of their social environment (Martin & Farnum, 2002). In a study conducted with adolescents in a psychiatric hospital, qualitative data collected through patient journals, interviews, and nursing notes and analyzed using thematic content analysis methods indicated that AAT served as a catalyst for interaction. For example, patients taught their ward dog tricks and then showed those tricks to other people, or they talked to one another about the dog or interacted while feeding or grooming the dog (Bardill & Hutchinson, 1997). Although these studies do demonstrate a broadly positive impact for AAT, in the specific area of pediatric pain, more research is clearly warranted.

To begin to address this need, a descriptive pilot project asking whether and how CVT might reduce physical and/or emotional pain perception in pediatric patients was undertaken. Based on a review of the literature and 3 years of experience in providing CVT to patients in a 250-bed children's hospital as part of the

hospital's formal pain management service, the authors hypothesized that patients' perceived physical pain intensity and perceived emotional distress intensity would be decreased with CVT. The research described here also examined the feasibility of a data gathering protocol for testing this hypothesis.

## Method

### Design

The research utilized a pre-post, mixed-methods design in a pediatric hospital setting where CVT was an existing intervention. With approval from the institutional review board and informed written consent from parents and informed written assent from children, surgical patients self-reported their perceived physical pain and emotional distress levels using validated visual analog scales (Foster & Varni, 2002; Varni, Thompson, & Hanson, 1987) both before and after the intervention. They also reflected on the CVT experience in a brief postintervention interview.

### Sample Recruitment and Enrollment

A convenience sample of 25 children was recruited to participate in the study. All first-time Acute Pain Service patients 5 years old or older whose guardians already had signed a canine consent form (see below) and who were experiencing acute postoperative pain, had no chronic conditions, were not developmentally delayed, and were not in isolation were eligible for enrollment, although the small scope of the study limited this to children/parents who spoke English. Also, because of consent requirements and the need to request parent participation in the brief postintervention interview, the child's parent (or guardian) had to be present.

Recruitment was done 1 to 3 days postoperatively in inpatient rooms where the study was verbally described and participation as well as questions were invited by the clinical nurse specialist (who is also the dog handler). The clinical nurse specialist does not participate in direct bedside care, which helped to avoid triggering in patients or parents any sense of coercion or worry that patient care may be influenced by responses.

Of 28 children and parents approached, only 3 pairs refused. In all of these cases, the children wanted CVT but did not want to participate in the study.

### Procedures

Data were collected by the project data coordinator, with some assistance from the clinical nurse specialist (dog handler). The pain and distress scales, developed specifically for use by children, are printed on either side of a firm, white, plastic strip that looks like a ruler. They are printed (in blue and turquoise) with happy and sad faces at either end of continuums (centimeter rulers complete with millimeter hash marks) scored from 1 to 10. The only differences between the sides are the prompts at either end of each scale. For example, the physical pain scale side says, "hurting a whole lot; very uncomfortable; severe pain" at the 10 end, whereas the emotional distress scale side says, "very scared; very nervous; very worried" at the 10 end. The tools are packaged in a cardboard sleeve with pictures of clouds and the CHSD kite logo. The sleeve is imprinted with specific instructions on administering each tool, including scripted instructions to be read to the child.

The research also included a brief postintervention interview. The interview was conducted to elicit qualitative data that might help generate hypotheses regarding the mechanisms of any change in physical pain and emotional distress. The patient and parent were asked what they liked about the dog's visit. The interviewer elicited about 5 minutes of talk through the use of silent and echo probes (silent probes entail remaining expectantly silent; echo probes entail repeating the last word or phrase that the participant offered; see Bernard, 1995). This method was an adaptation, for rapid assessment purposes, of the 5-minute speech sample approach developed in psychiatry (Gottschalk & Gleser, 1969). Careful notes were taken in real time. (Regarding full-scale use of the adapted technique, see Sobo, 2005.)

To help describe the sample, demographic data (age, sex, ethnicity) were collected from the medical record. Other variables reported on the data collection form were whether the child had a dog at home, the start and stop time of intervention, and the intensity of the intervention (passive, low, and high; defined below).

Prior to the intervention, the preintervention data collection form was completed, including physical pain and emotional distress scores. The intervention then commenced (see below).

Postintervention, the remaining part of the data collection form was completed and the 5-minute interview was conducted (first with child, then with par-

**Figure 1**  
**Lizzy the Dog**



Source: Permission to print granted by photographer Beth Mallon.

ent). In keeping with other protocols for rapid interview assessment, the interviews were not audiotaped, but careful, verbatim notes were taken (Sobo et al., 2002; Sobo, Simmes, Landsverk, & Kurtin, 2003). Some parents declined to be interviewed because they felt their children fully answered the interview question (“What did you [your child] like about the dog’s visit?”).

### The Intervention

Because CVT is a standard pain service offering at CHSD, at the time of admission, parents sign a canine care consent form if they are interested in CVT for their child and there are no known allergies to dogs (children with allergies are ineligible). CVT can take place any time during the child’s hospitalization in

addition to standard pharmacologic pain management. The pain service has one dog for visits thereby minimizing the number of animal-related variables. The dog, Lizzy, is a 9-year-old West Highland white terrier female (Figure 1). Lizzy and her handler (the second author) have been certified for CVT by the Delta Society (an international society that promotes the human-animal bond and sets professional standards). Annually, Lizzy must pass CHSD’s animal temperament and behavior test as well as a health evaluation. Temperament wise, Lizzy is a gentle, patient, and docile dog, and she has been visiting hospitalized children since she was 3 months of age.

Both Lizzy and her handler rely on nonverbal and verbal cues from the patient to structure a therapeutic visit. Lizzy’s *modus operandi* during visits is consistent with her low-keyed character: She spends time with children watching TV, sleeping at the foot of the bed or alongside a child, and allowing the child to pet her. Lizzy also does pet tricks on command (e.g., shake a paw; high five; pray, sit, or lie down; ride in a wheelchair).

In the intervention, as in normal care with Lizzy, the patient decided what level of interaction (passive, low, high) he or she preferred. In passive interaction, the dog will sit or sleep with the child; in low, the dog will do an occasional pet trick; in high, there is active, playful roughhousing and going for walks with the child.

With CVT, the patient generally determines the length of the intervention. Most often, there is a natural pause at which time the intervention is terminated with the handler’s command.

### Data Analysis

When 25 participants had been enrolled, the project team summarized descriptive information as well as pre-post survey findings using Microsoft’s Excel and SPSS 10.0 programs. Interview data were reviewed by the first author who conducted a rapid content analysis whereby the range of themes elicited and expressed in the manifest content of the interviews were identified and summarized. Theme identification techniques included looking for repetition, metaphors and analogies, transitions, comparisons, and the use of linguistic connectors such as *because* (Ryan & Bernard, 2003). The entire research team reviewed this work thus ensuring category validity.

As is typical in formative feasibility research such as this, the goal of the content analysis was not to quantify responses for prediction (quantification

**Table 1**  
**Participant and Intervention Characteristics**

Characteristic	<i>n</i>
Gender	
Male	9
Female	16
Ethnicity/race	
Hispanic	8
White (non-Hispanic)	16
Black	1
Age	
5-9 years	6
10-13 years	9
14-18 years	10
Dog at home	
Yes	18
No	7
Intervention intensity	
Passive	5
Low intensity	19
High intensity	1
Intervention duration	
Up to 10 minutes	6
11-20 minutes	15
> 20 minutes	4

would be misleading at best because of the sampling design). Rather, study intentions were to establish or disprove the method's promise and to begin to characterize the range of possible viewpoints regarding the intervention.

## Findings

Demographic data regarding the children who participated in the study are described in Table 1. Table 1 also describes the intensity and duration of the intervention, which was participant driven.

Findings regarding the pre-post assessments are presented in Table 2. Because of the small sample size, no subgroup comparisons were made. However, paired *t* tests were used to examine the significance of before-and-after differences. Despite the small sample size, differences for both physical and emotional pain scores were significant at the  $p = .01$  level.

From the interviews, eight themes were identified: The dog provides *distraction* from pain/situation, the dog brings *pleasure/happiness* (passive sense), the dog is *fun/entertaining* (active sense), the dog reminds the child of *home*, the child enjoys *snuggling/contact* with the dog, the dog provides *com-*

**Table 2**  
**Pre-Post Intervention Pain Scores:  
Mean, Standard Deviation, and  
Significance of Difference**

	Preintervention	Postintervention	Significance of Difference <sup>a</sup>
Physical pain	3.79 ( <i>SD</i> = 2.51)	1.64 ( <i>SD</i> = 1.74)	$p = .001$
Emotional pain	3.89 ( <i>SD</i> = 2.41)	1.24 ( <i>SD</i> = 1.68)	$p = .000$

a. Significance was determined using paired *t* tests.

*pany*, the dog is *calming*, and the dog *eases pain*. Themes are defined in context below. Whereas both children and parents mentioned each theme, they did so with differing emphasis.

For the children, the most prominent themes of the interview narratives were those of *distraction*, *pleasure/happiness* (passive), and *fun/entertaining* (active). First, Lizzy distracted the children from their pain and their situation. As one child said, Lizzy "helped me think of other things besides my surgery." Second, Lizzy brought happiness: Lizzy "makes me happy; I like dogs; I like having the dog lay with me." One child specifically commented on the importance of Lizzy's realness: She "makes me feel better, alive, and you don't have to use your imagination." Third, although feelings of happiness could be brought on simply through Lizzy's presence and passively experienced, Lizzy could be enjoyable in an active sense, too. That is, children could be entertained by what she did physically or what they could do with her; she did "fun" tricks, and one child said that he liked "playing with her hair."

Another theme for the children was that of *home*: Lizzy reminded some of them of their own dog or dogs, and they found this comforting. One child said that Lizzy might be particularly helpful, "especially when you have a dog [at home]." Some found physical *snuggling/contact* with Lizzy comforting; she was "good to snuggle with" and "sweet and cuddly." One child said simply, "I like having the dog lay with me." Others referred to the dog's companion role (*company*): Lizzy "keeps me company."

For parents, the same themes arose, but only the theme of *distraction* was mentioned with any consistency. As one parent noted, it's "so good for children to have something to take their minds off the pain." Another said it was a "wonderful distraction . . . her

face lit up.” Second to the distraction theme was the notion that Lizzy was *calming*. For example, one parent said of his or her son, “He is so calm and peaceful [now. This has] been a tense experience. His heart rate has gone down dramatically.” Another remarked, “My daughter doesn’t whine,” adding (as per the *eases-pain* theme) that she “would have liked Lizzy here earlier. [It] might have decreased the use of Ativan [a pain drug].”

## Discussion

The study is limited by its small size and scope; this was a descriptive pilot project that tested the feasibility of a data collection protocol. This was shown to be positive; that is, the response rate was high and no problems with the instruments or data elicitation techniques were encountered.

The study also is limited by the fact that it relies on subjective self-report data regarding pain levels. Nonetheless, pain *is* subjective, and the pre-post test findings clearly indicate that CVT might bring about a significant reduction in physical and emotional pain, at least among children. In this, they confirm suggestions of benefit seen in the literature reviewed above and provide concrete support for findings of emotional enhancement and stress reduction (Barker & Dawson, 1998; Barker et al., 2003; Martin & Farnum, 2002).

The qualitative findings suggest that the mechanisms by which CVT works may include cognitive distraction and redirection. That is, dogs may distract children from pain-related cognition, and their presence may lead children to engage, recruit, or activate cognitive schemas regarding home and pet companionship. Cognitive schemas are mental maps used to construct and interpret reality. Thought and affect are intimately linked in these schemas that, although complexly related to one another, can be mobilized instantaneously with the relevant stimuli (D’Andrade & Strauss, 1992). Accordingly, activating thoughts regarding pet companions (e.g., through Lizzy’s presence) can precipitate pleasant emotions in children who like dogs.

## Implications

Inadequate pain management has been a recognized problem in U.S. hospitals for more than 25 years (McCaffery, 1999). Optimal pain management requires a multidisciplinary, comprehensive approach

that includes pharmacologic and nonpharmacologic interventions. With the advent of increased acceptance of complementary and alternative medicine among conventionally trained health care professionals, therapies exploiting the human-animal bond are becoming an accepted part of care in many settings, including hospitals. The research described here shows quite clearly that CVT might significantly reduce physical and emotional pain in children and is therefore an ideal complement to pharmacologic interventions. A randomized, controlled trial of CVT would be required to provide further evidence of this. The present pilot project clearly demonstrates that such a trial would be feasible and valuable; the methods described here could be easily replicated at any hospital with an ongoing CVT program.

Without CVT, children might use more opiate drugs. Sometimes, pharmaceutical administration entails medical errors related to dosage or dispensing, and sometimes these errors cause harm. Likewise, however carefully managed, some drug use results in negative side effects that CVT does not involve. Finally, there can potentially be a significant delay in getting medicines from the pharmacy, whereas a dog and her handler can come very quickly to the bedside. Although further research is necessary, it is clear from the present project that CVT holds great promise as a valuable addition to the armamentarium of nurses interested in quickly, safely, and effectively reducing pain among the children they serve.

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