



Gradual Increase in Length and
Complexity of Utterance (GILCU)
-Bruce Ryan

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[What is GILCU?]

- Includes establishment (54 steps), transfer (17-32 steps), maintenance (5 steps for 22 months) and follow-up
- Begins with single word fluency
- Ends in conversing fluently for 5 minutes
- Used with young and less severe children
- Most commonly non-intensive (2-3 times a week for a brief period)

(Bennett,2006)

[Classification?]

- Fluency Shaping
 - Establishes fluent speech
 - Uses behavioral principles
 - Has quantitative measurements
 - Structured therapy routine
 - Emphasizes data collection
 - Has a systematic, planned transfer

(Bennett, 2006)

GILCU Establishment Steps

Step	Stimulus	Response
1	Instruct to read 1 word fluently	1 word
2	Instruction to read 2 words fluently	2 words
3-6	Instructions to read 3-6 words fluently	3-6 words
7-10	Instructions to read 1-4 sentences fluently	1-4 sentences
11-18	Instructions to read 30 seconds to 5 minutes fluently	30 seconds to 5 minutes of reading
19-54	Recycle in monologue and conversation	Monologue or conversation

(Rvan, 1974)

[Underlying Rationales]

- Based on operant conditioning
- Stuttering is not discussed
 - Risk of establishing a “verbal repertoire that would be hard to extinguish” (Gregory, 1979)

[Style of Treatment]

- Positive reinforcement-verbal, social, and tangible tokens for stutter-free speech
(Shenker, 2005)
- For non-fluent speech-
 - Instruction to speak “more slowly or easily”, “relax”
- Clinician models fluent speech in “branching steps”
 - When client no longer needs models, they re-enter the program

(Ryan, 1974)

[What is Success?]

- 0 stuttered words per minute
- In criterion-based testing- 2 or fewer stutters per mode (i.e. reading, monologue, conversation)

(Bennett, 2006)

Generalization and Maintenance

- Home practice program (Gregory, 1979)
- Approach is applied in different contexts (i.e. audience, physical settings, telephone use, home school, and other environments) (Bennett, 2006)
- Maintenance reduces the number of sessions gradually over 2 years (Shenker, 2005)
- Includes a follow-up program

Evidence of Program's Success

- Treatment outcomes indicate a mean of .6 stuttered words per minute after 15 months post maintenance (Shenker, 2005)
- Replications have shown that GILCU can be a successful treatment for stuttering (Thomas & Howell, 2001)

Strengths and Weaknesses

■ Strengths

- Evidence to support success
- Provides for better generalization when compared with delayed auditory feedback

■ Weaknesses

- Numerous steps
- Ryan proposes only to use with those who are likely to persist in stuttering
- Little attention is given to the client's feelings and attitudes

[Recommendations]

- We do not recommend this approach because:
 - No room for normal disfluencies
 - Doesn't address the client's attitudes and feelings
 - Unresolved conclusion about a client who doesn't achieve stutter-free speech
 - Hard to maintain the structure with a young child

Works Cited

- Bennett, E.M. (2006). *Working with people who stutter: a lifespan approach*. New Jersey: Pearson Education Inc.
- Gregory, H. (1979). *Controversies about stuttering therapy*. Baltimore: University Park Press.
- Ryan, B.P. (1974). *Program therapy for stuttering in children and adults*. Illinois: Charles C. Thomas.
- Ryan, B.P. (2006). *Gradual Increase in Length and Complexity of Utterance (GILCU)*. Obtained on November 30, 2006 from: <http://www.mnsu.edu/comdis/kuster/TherapyWWW/gilcu.html>
- Shenker, R.C. (2005). *Evidence based treatment of school aged stutterers*. Obtained on December 2, 2006 from: <http://www.mnsu.edu/comdis/kuster/>
- Thomas, C. & Howell, P. (2001). Assessing efficacy of stuttering treatments. *Journal of Fluency Disorders*. 26: 1-23. Obtained on December 13, 2006 from <http://www.speech.psychol.ucl.ac.uk/lectures/C525/efficacy.html>