

ABOUT OMNIA (V 1.0. 2/21/26)

OMNIA is a comprehensive, science-driven skill and behavior assessment designed to capture how individuals learn, regulate, and engage with the world around them. OMNIA evaluates functional repertoires across communication, cognition, relational responding, executive functioning, social engagement, emotional regulation, and adaptive life skills. By integrating behavioral, contextual, and relational perspectives, OMNIA provides a profile that can guide precise clinical decision-making, individualized treatment planning, and long-term progress monitoring. The assessment was designed to reflect observable, functional skills that occur in natural environments and to avoid vague trait-based descriptions that lack instructional utility. Each section reflects repertoires that are teachable, measurable, and responsive to environmental contingencies, ensuring that results translate directly into meaningful action.

OMNIA was created in 2024 and has been undergoing a range of pilot testing and revisions until its final form produced in fall of 2025. At this time, the final version 1.0 was administered as an online survey to gather normative data for subsequent clinical comparisons and benchmarking. Initial statistical analyses were conducted and a handful of school districts and applied behavior analysis (ABA) clinical care facilities began using OMNIA as one element of a comprehensive assessment protocol. During this period of refinement, items were adjusted for clarity, redundancy was removed, and domain balance was evaluated to ensure representation across developmental levels. Feedback from educators, clinicians, and caregivers informed final wording and administration procedures, increasing usability across settings.

Teachers have found OMNIA easy to use in educational settings and reported minimal challenges understanding the questions. ABA providers have often provided OMNIA to parents to complete during the initial intake process, as a means of gathering indirect information on their child, prior to any live direct assessment. Within the medical space, OMNIA has been part of service authorization requests for many private and state-funded insurance plans. No submission has ever been denied, nor has it been asked for OMNIA to be removed from such assessments or reevaluations. In many cases, OMNIA has served as a structured framework for organizing multidisciplinary discussions, allowing teachers, therapists, and caregivers to align on shared priorities. Its binary scoring format has been reported to reduce ambiguity and improve consistency in reporting functional abilities across raters.

OMNIA is offered free of charge and no personally identifying information is stored on this website when someone completes the assessment. Persons or organizations that wish to use OMNIA can do so in any format they wish. This includes reproducing the questions,

translating the questions into other languages, or printing out site content and administering it paper and pencil. The intent is to maximize accessibility and reduce barriers to evidence-informed assessment practices across communities and service systems. The only request that is made when using OMNIA is that the following be used verbatim when writing a report:

“OMNIA (Dixon, 2026) is an indirect assessment designed to provide a comprehensive understanding of an individual's language and cognition skills, positive and challenging behaviors, and emotions across a multitude of domains. The assessment is organized into five primary subtests which cover the areas: basic verbal behavior, generative verbal behavior and relational framing, executive functioning, prosocial skills, and life skills. Additional optional subtests address the areas: psychological flexibility, disability identity, and interfering behaviors.”

Interventions based on OMNIA results may capitalize on a wealth of existing resources within the behavioral and neuroscience resources and peer-reviewed literature. OMNIA is an assessment only, and not an intervention protocol. Although goals can be written that directly match the assessment items, it is advised that teaching to the test should be avoided. Rather, interventions should use the test items as broad categories of responding, and treatment objectives should contain a multitude of exemplars and targets which together may comprise the individual test item. This approach promotes generalization and reduces the likelihood that skills will remain restricted to the specific wording or format of the assessment. The emphasis should remain on functional repertoire expansion rather than checklist completion.

Progress monitoring with OMNIA involves a subsequent follow-up assessment completion whereby changes in domain totals and item-level scores can be evaluated over time. Data analysis may take the form of overall total score, domain scores, and even individual question scores. Deviations from reported norms may or may not be useful, and will be somewhat context and client specific. Progress monitoring typically involves changes within an individual child, while norm referencing involves a comparison of that child to a group of averaged peers of the same chronological age. Which is more important will depend on the purposes of intervention. Graphing may take the form of bar graph progressions, the use of the radar graphic found within the autogenerated report, or table-comparisons. Repeated administrations should be spaced appropriately to allow meaningful skill acquisition to occur, and interpretation should always be combined with direct observation and clinical judgment.

Selecting interventions may initially feel overwhelming, as there are literally hundreds of places to begin for developing the child's repertoire. It may be wise to start with a focus on what the caregiver has highlighted in terms of the child's strengths as well as challenges reported on the assessment. Here the care provider or educator might capitalize on the interests and strengths such as preferred activities, existing communication attempts,

emerging peer engagement, or areas of curiosity that can serve as motivational anchors for learning. Also, behavior reductions may be preventing quality learning from taking place. As such, there may be value to some focus on reductions to more manageable levels such that task demands of skill building may be more easily tolerated. Stabilizing interfering behaviors can increase access to reinforcement and instructional opportunities across settings.

Avoid the historical tendency to focus strictly on early language skills as the primary modality of intervention. Even very young children with no language should have a variety of treatment goals that span across executive functioning, social inclusion, and relational framing. Development is multidimensional, and progress in areas such as flexibility, perspective taking, and adaptive participation may accelerate gains in communication rather than compete with them. A balanced profile of goals increases the likelihood that learning will generalize beyond structured teaching sessions and into authentic community participation.

Dixon, M. R. (2026). OMNIA®, Emergent Learning Press: Naperville, IL