



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,

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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 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,

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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



Subtest Information

Verbal Behavior

Verbal Behavior is a term often used to describe B.F. Skinner's 1957 account of human language and remains common within a subgroup of the applied behavior analytic community of care providers. Although the term "verbal behavior" might appear to imply only spoken language, it is meant to address language as a broad class of responses that may be vocal, gestural, augmented, or receptive. The subtest evaluates the very basic language skills that may allow an individual to communicate more effectively with others and across contexts. The subtest is divided into what are termed six "verbal operants" many of which have different antecedent conditions, and a few of which have different consequences. They include: Mand (requesting), Tact (labeling), Echoic (speech repeating), Intraverbal (basic WH question-answering), Listener Responding (selection-based responses to a question), and Textual/Transcription (reading / copying text). The Verbal Behavior section captures both expressive and receptive language abilities and reflects the extent to which communication is functional within and beyond structured teaching conditions.

Relational Framing

Relational Frames are derived or generative responses described by Steven C. Hayes and colleagues in 2001 claimed to be at the core of human language. Such frames are behaviors which connect concepts together, often in the absence of a history of direct reinforcement contingencies. Relational framing is a growing domain for intervention for some applied behavior analysis providers, and is sometimes called by alternative names such as naming, autoclitic framing, or generative verbal behavior. The subtest assesses abstract reasoning, or derived relational responding, across six core relational operants: Coordination (sameness), Opposition (opposites), Distinction (differences), Comparison (relative degrees), Hierarchy (categorical inclusion), and Deictic (perspective-taking) framing. Rather than evaluating rote memorization, this section captures flexible, generative language processes that support abstract reasoning and complex cognition. Relational Framing reflects the learner's capacity to connect ideas symbolically and to apply learned relationships across novel situations.



Executive Functioning

Executive Functioning examines the cognitive and regulatory processes that support goal-directed behavior and adaptive flexibility. The term “executive functioning” emerged from mid-20th-century neuropsychological research on the frontal lobes by Alexander Luria involving cognitive planning and behavioral regulation. It was later refined through cognitive and experimental psychology models in the 1980s and 1990s, and continues to evolve as the multidimensional construct used today. Such precision fuzziness and continued development of the term has limited its utilization in many applied behavior analysis service delivery. However, a wealth of research suggests inclusion is warranted. The content areas within OMNIA include Memory (recall capacity), Inhibitory Control (impulse management), Set Shifting (adaptiveness), Organization (planning and sequencing), Self-Monitoring (reflective awareness of behavior), and Emotional Regulation (management of emotional reactions). This subtest captures the behavioral processes that allow individuals to manage tasks, persist through challenges, and adjust behavior in response to environmental demands.

Prosocial

The term prosocial emerged in the 1960s and 1970s within the field of social psychology from researchers studying altruism and cooperation behavior through a lens of selflessness and not as a moral directive. The term was later expanded and refined by Nancy Eisenberg and others who examined this sort of behavior in children in relation to empathy and socialization processes. The Prosocial functioning subtest of OMNIA is divided into Relationships (social engagement) and Community (cooperative participation) subdomains. The subtest reflects how an individual navigates social environments, contributes to collective activities, and sustains meaningful interpersonal connections. It also captures both initiation and responsiveness within social exchanges.

LIFE

The term “life skills” originated during the 1960s–1980s alongside deinstitutionalization and the development of functional special education curricula emphasizing independence and community participation. It gained broader formal recognition through U.S. special education legislation and was later internationally expanded by the World Health Organization. The LIFE Skill subtest assesses adaptive abilities that support independence and daily living. This subtest evaluates practical competencies such as following instructions, sequencing tasks, sustaining attention during routines, problem-solving in

everyday situations, and managing basic self-care or environmental demands. The subtest does not query a list of random skills like teeth brushing, toileting, meal preparation, and so on because each of those skills is considered a mere topography of a broader operant class of multi-step direction or task following. As such, the goal of assessment within LIFE is to determine the complexity of a child's ability to follow directives, sequence, and retain relevant order of sequences. Once of sufficient ability, any sort of response topographies can be added into the underlying functional repertoire. Skills within this domain reflect a readiness for participation in home, school, and community contexts and measures the application of learned sequenced tasks.

Performance Consistency

The Performance Consistency subtest evaluates the degree to which skills previously identified as “demonstrates” throughout the OMNIA assessment occur independently and reliably across environments and situations. It examines the conditions that influence whether those abilities are expressed consistently in real-world contexts. This subtest therefore helps distinguish between true skill deficits and performance limitations affecting existing skills. Scores within this subtest reflect the proportion of conditions under which previously learned skills occur reliably. Higher scores indicate that the learner's skills are expressed consistently across varying environmental conditions, while lower scores suggest that performance may depend heavily on specific arrangements such as prompts, reinforcement schedules, familiar materials, or distraction-free environments. When scores are lower in this subtest relative to other OMNIA subtests, the results suggest that the learner's repertoire may be stronger than their everyday performance indicates, and intervention may need to focus on strengthening stimulus control, reduction of prompting, and greater generalization.

When interpreting Performance Consistency results, it is useful to compare this subtest with the learner's performance across other OMNIA subtests. For example, a learner may demonstrate strong abilities within Verbal Behavior or Life Skills yet obtain lower scores in Performance Consistency. In such cases, the results suggest that the learner's skills are present but fragile or context-dependent, and intervention may focus on strengthening generalization and responding under natural environmental conditions. Conversely, when both skill subtests and Performance Consistency scores are low, the results suggest that intervention may need to focus first on building foundational skills before addressing performance reliability. Overall, the Performance Consistency subtest helps explain why learners may perform well during structured instruction but struggle to use those same skills

consistently in everyday environments. By identifying the specific conditions that influence performance, this subtest supports more precise intervention planning.

Optional Subtests

Psychological Flexibility

The optional subtest of psychological flexibility evaluates a child's ability to relate adaptively to their thoughts and internal private experiences. The term psychological flexibility originated with Steven C. Hayes within the Acceptance and Commitment Therapy approach that suggests a key goal to better mental health is thought workability rather than thought control. Psychological flexibility becomes relevant once a child begins to speak about the future or the past, and is not strictly commenting on or interacting with the literal present moments that surround them. In OMNIA this subtest is only added if the responder has noted that the child assessed has such an ability. This subtest is organized into six core processes: Acceptance (willingness to feel all emotions), Defusion (thought distancing), Present Moment awareness (mindfulness), Self-as-Context (transcendental view of oneself), Values (important life directions), and Committed Action (behavior activation planning). Again, this subtest is intended only for learners who demonstrate sufficient language abilities to reflect on internal states, and have the memory to describe the past, and the imagination to infer a possible future.

Identity

Identity is an optional subtest that evaluates a child's awareness and integration of their disability within a broader sense of self. The concept of disability identity emerged during the 1960s and 1970s as activists and scholars urged a change from disability as a medical deficit model to that of a social and political identity grounded in shared experience and civil rights. The term further evolved during the USA's transition from large state institutional care for many with disabilities to non-centralized community models, and placed an emphasis on civic membership, pride, and identity integration rather than pathology alone. This subtest in OMNIA examines inclusion and belonging, as well as acceptance and pride of oneself regardless of ability level. Items are designed to capture self-concept, social perception, and internalized attitudes related to disability in a developmentally pragmatic manner. This subtest is administered when certain levels of language and cognition are already present for the learner, and is intended to inform subsequent conversations about self-advocacy, social participation, and identity development across educational and community contexts.

Maladaptive Behavior

The term maladaptive behavior emerged within clinical psychology and 1960s applied behavior analysis to describe patterns of responding that interfere with adaptive functioning or social participation. Initial usage tended to be most common within institutional and educational settings. Over time, the construct became more functionally defined within applied behavior analysis through the work of Brian Iwata and others that demonstrated that the way the behavior might look was minimally informative, and that the functional relations surrounding that behavior were of much greater importance. As time progressed, the notion of a single dominant function as a definitive characteristic of the behavior became less prominent, and today many believe that a multitude of variables may be contextually interacting to determine a true “cause” of behavior. When language is in place for the learner, even more complexity of cause exists as abstracted derived relations may be occurring as private events, that are far removed from the present circumstances, yet still influencing the occurrence of maladaptive behavior. This OMNIA subtest describes the setting event, function, and impacting factors of the target behavior identified. It is only administered when challenging behaviors are reported to be present at time of assessment. The emotional regulation and language impacting factors are increasingly relevant for those that have the ability to abstract from the present environment and think about the future or the past.



Assessor Stance

When a person completes the OMNIA assessment, they should take a stance of the child having or not having the possession of the skill described by the individual question being asked, and not the frequency or quality of the performance of that skill.

For example, a child may have the ability to ask correctly for items they want but rarely does so. Here the ability exists and the performance is poor, potentially the result of impulsivity, lack of motivation, or weak reinforcements for doing so.

When the conversation takes place around intervention priorities, it is rational to balance improving performance of existing yet weakly performed abilities and crafting new abilities which are completely absent. The choices are contextual and the skilled care provider will do well considering all variables that will maximize gains.

The objective of OMNIA is ability first, motivational performance considerations second. The latter are addressed under executive functioning strengths and weaknesses along with psychological flexibility and challenging behavior functions.