Online Supplement S1: Multi-Database Harvest Accounting, Cohort-Family Linkage, Extracted Multi-Informant Datasets, and Outcome-Level Risk-of-Bias Matrices

Companion Manuscript: Who reports change? A PRISMA 2020 systematic review and stratified multi-informant meta-analysis of digital self-directed parenting programmes for children aged 2–12
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S1.1. Multi-Database Search Strategy, API Harvest Accounting, and Full-Text Verification

1. Archival Register and Programmatic Multi-API Harvesting: No prospective protocol registration is claimed (PRISMA 2020 Item 24a). To complement the archival thematic register of 8,047 records (including 27 seed items and 1,271 candidate records requiring source-stage adjudication), programmatic Boolean API searches were executed across four bibliographic search APIs—OpenAlex, Crossref, Semantic Scholar, and Europe PMC/PubMed—paired with programmatic Unpaywall open-access full-text resolution through 8 November 2026. Search queries combined three parenthesised concept blocks: (a) Digital/Self-Directed Modality (('online parenting' OR 'digital parenting' OR 'web-based parent training' OR 'internet-delivered parent' OR 'Triple P Online' OR 'Family Check-Up Online' OR 'mHealth parent' OR 'parent-led CBT')); (b) Childhood Population & Domain (('child*' OR 'preschool*' OR 'ages 2–12') AND ('conduct' OR 'disruptive' OR 'ADHD' OR 'anxiety' OR 'internalizing' OR 'internalising' OR 'physical activity' OR 'sleep' OR 'obesity')); and (c) Design & Multi-Informant Terms (('random*' OR 'RCT' OR 'trial') AND ('informant' OR 'child-report' OR 'teacher' OR 'observation*' OR 'video' OR 'acceleromet*' OR 'ActiGraph')).
2. PRISMA 2020 Flow Accounting: Combining 8,047 archival thematic records with 2,493 programmatic API records yielded 10,540 total records. Automated DOI and normalised-title deduplication removed 2,612

duplicates, leaving 7,928 unique bibliographic records. Title/abstract screening excluded 7,760 out-of-scope items. Full texts were sought for 168 reports and reference reviews: 144 primary and linked full-text documents were retrieved and verified line-by-line (126 open-access XML/PDFs + 17 publisher/author full-text PDFs + Prinz et al. [3] Appendix S1.docx). Among 24 candidate paywalled citations audited during acquisition, 17 full texts + Appendix S1 were obtained, 4 were excluded on registry/protocol verification due to non-digital printed workbook/DVD modality (Canadian mail/DVD Strongest Families NCT00849836; Cologne printed self-help booklets) or severe motor/IDD neurodisability populations (cerebral palsy GMFCS I–V; intellectual/developmental disability), 2 were secondary meta-analyses without unique cohorts [52,53], and 1 was a single-informant parent-only support study duplicating multi-informant three-arm trials [2,44]. Zero eligible multi-informant RCTs for ages 2–12 remained unverified.

S1.2. Complete Reference-to-Cohort Linkage Roster

Table S1. Complete 59-Reference Evidence & Cohort-Family Linkage Roster

Ref.	Primary Source & DOI	Cohort Family / Registry	Synthesis Role	Methodological & Denominator Contribution
[1]	Åhlén et al. (2022) — 10.2478/sjcapp-2022-0013	SAPP Pilot Cohort (NCT02386410)	Qualitative Boundary (Construct/Evaluator)	Continuous OP, STAI-S, PSWQ, BBQ measure parent-own overprotection/worry; 12m ADIS-C/P fuses parent and child accounts into an inseparable composite.
[2]	Döpfner et al. (2025) — 10.1111/jcpp.14153	WASH 3-Arm ADHD/ODD Cohort (DRKS00013456)	Quantitative Superiority (Unguided & Guided Arms)	Supplies Ch 1 online parent SCL-ADHD and Ch 6 clinician phone DCL-EXT; shared TAU split 50/50; 10 missing masked T3 ratings replaced by unmasked ratings; abstract sign typo.
[3]	Prinz et al. (2022) + Appendix S1 — 10.1111/jcpp.13426	US Triple P Noninferiority Cohort (NCT02134652)	Quantitative Active-Comparator (Stratum A2)	3-channel noninferiority RCT (Parent ECBI, full-sample masked home video PCPTOS, Teacher CADBI); Appendix S1 mixes T1 SD with T2/T3 SE; Δg reverses to −0.414.
[4]	Creswell et al. (2024) — 10.1016/s2215-0366(23)00429-7	Co-CAT / OSI CAMHS Cohort (ISRCTN12890382)	Quantitative Active-Comparator (Stratum A2)	Achieved clinical RCT linked with [12,13]; 53–54 fewer optional child reports (N=234) than parent reports (N=288) at 26w; active CBT in both arms.
[5]	Ghaderi et al. (2018) — 10.1038/s41598-018-29550-z	Swedish iComet vs. FCU Cohort (ages 10–13)	Quantitative Active-Comparator (Stratum A2)	Table 3 F(1,439)=6.17 (p=.01) reveals child SDQ Prosocial drop in iComet (g=−0.369) missed by abstract and invisible to parents (g=+0.114); teacher N=203 tables omitted.

Ref.	Primary Source & DOI	Cohort Family / Registry	Synthesis Role	Methodological & Denominator Contribution
[6]	Sim et al. (2020) — 10.1016/j.jad.2020.09.019	PaRK Cohort (ACTRN12616000621415)	Quantitative Superiority (Ch 1 & Ch 2a)	Full text verifies 251 complete matched parent–child dyads behind marginal 355/289 P and 342/276 C frames; Table 2 point-estimate sign typos corrected; linked with [14].
[7]	Enebrink et al. (2012) — 10.1016/j.brat.2012.01.006	Swedish iPMT Comet Cohort (N=104)	Quantitative Superiority (Ch 1 Anchor)	Primary randomised trial supplying parent ECBI & SDQ (g=+0.582); linked as 1 shared cohort family with [8] and [45].
[8]	Högström et al. (2013) — 10.1037/a0031883	Swedish iPMT Comet Cohort (linked to [7])	Linked Secondary Report (Not Pooled Twice)	Analyses n=57 of 58 intervention-arm families from Enebrink [7] for CU-trait moderation; 1 ECBI item lost and baseline-imputed.
[9]	McWhirter et al. (2026) — 10.1007/s10935-025-00876-5	FCU Online MSSOS Adolescent Cohort	Qualitative Age/Design Boundary (M_age=12.61)	Analyses self-selected coaching/app exposures within treated arm (n=74 vs. Table 3 N=65); mean age >12y; printed registration number discrepancy preserved.
[10]	Higgins et al. (2019) — Cochrane RoB 2	Methodological Guidance	Risk-of-Bias Tool (Individual RCTs)	Supplies outcome-specific Domain 1–5 appraisal architecture; never summed into a trial-level quality score.
[11]	Eldridge et al. (2021) — Cochrane RoB 2 CRT	Methodological Guidance	Risk-of-Bias Tool (Cluster RCTs)	Supplies recruitment-bias and ICC/design-effect appraisal criteria for school and family-cluster trials [27–29].
[12]	Taylor et al. (2022) — 10.1186/s13063-022-06833-5	Co-CAT / OSI CAMHS Cohort (linked to [4])	Linked Trial Protocol (Not Pooled Separately)	Published study protocol for ISRCTN12890382; achieved outcomes verified via Creswell et al. [4].
[13]	Williams, Yu & Creswell (2022) — SAP v4.0	Co-CAT / OSI CAMHS Cohort (linked to [4])	Linked Statistical Analysis Plan	Specifies optional child completion rules, adult reading allowance, and noninferiority margin conventions for [4].
[14]	Fernando et al. (2018) — 10.1186/s13063-018-2605-8	PaRK Cohort (linked to [6])	Linked Trial Protocol (Not Pooled Separately)	Study protocol for ACTRN12616000621415; achieved medium-term outcomes verified via Sim et al. [6].
[15]	DuPaul et al. (2018) — 10.1080/15374416.2017.1342544	Project PEAK Pilot Cohort (N=47)	Quantitative Superiority (Ch 1 Anchor)	Independent pilot cohort prior to R01 [35]; Online n=13 vs. WLC n=14; teacher Conners collected at baseline screening only (p. S379).
[16]	Havighurst et al. (2024) — 10.3389/fpsyg.2024.1393708	TIKOL Cohort (N=151)	Quantitative Superiority (Ch 1 & Ch 3)	Pairs parent anxiety/ECBI (g=+0.249) with teacher SESBI-R (g=−0.247; Δg=+0.495); teacher continuity across school years noted.
[17]	Sanders, Baker & Turner (2012) — 10.1016/j.brat.2012.07.004	Triple P Online Original Cohort (N=116)	Quantitative Superiority (Ch 1 & Ch 4)	Official Elsevier PDF resolves preprint ECBI label swap; pairs parent questionnaires (N=107, g=+0.650) with depleted clinic FOS video (N=41, g=−0.015).

Ref.	Primary Source & DOI	Cohort Family / Registry	Synthesis Role	Methodological & Denominator Contribution
[18]	Sung, Mumper & Schleider (2021) — 10.2196/29538	EMPOWER Single-Session Cohort (N=301)	Qualitative Construct Boundary	Measures parental accommodation behaviour (FASA); child RCADS collected at baseline only.
[19]	Ghani et al. (2026) — 10.1371/journal.pone.0353767	MyKidEye School Study	Qualitative Cluster/Construct Boundary	Single school per condition (df_cluster=0) and parent eye-care KAP questionnaire only.
[20]	Jent et al. (2025) — 10.2196/69887	Pocket PCIT Open Trial (N=1,480 enrolled)	Qualitative Non-RCT Attrition Boundary	Uncontrolled caregiver pre-post (n=204 post); opposite signs follow scale polarity; paired-t df conflict with N.
[21]	Mishina et al. (2025) — 10.2196/65391	BePresent Single-Arm Study (N=752 reg.)	Qualitative Non-RCT Denominator Boundary	Demonstrates module-4 completion (183) ≠ follow-up survey return (202 = 125 completers + 77 noncompleters).
[22]	Ding, Wang & Lin (2025) — 10.1007/s10826-025-03051-w	ImPACT Taiwan Cohort (N=10 mothers)	Qualitative Small-N Escalation Boundary	Response-dependent tier escalation; unblinded interval coding of maternal implementation rather than child symptoms.
[23]	Peng, Wen & Lau (2025) — 10.2196/70886	Preschool eHealth Cohort (NCT06025019)	Quantitative Superiority (Ch 1 & Ch 5)	Pairs parent screen/CSHQ (g=+0.257) with 7-day waist ActiGraph (g=+0.050); 3 impossible Table 3 sleep rows quarantined; linked with [24,50].
[24]	Zhou et al. (2024) — 10.2196/58344	Preschool eHealth Cohort (linked to [23])	Linked Trial Protocol (NCT06025019)	Confirms cohort identity with [23] despite Chinese surname/given-name indexing reversal (Peng Zhou = Zhou P / Peng Z).
[25]	Sandborg et al. (2025) — 10.1186/s12966-025-01764-1	Let's Grow mHealth Cohort (N=1,165)	Quantitative Superiority (Ch 1; excl. Sens. S3)	Enrolled 18–35m (24–41m at 6m FU); parent knowledge improved (p=.002) while child motor/emotion ratings null (g=+0.056).
[26]	Connell & Stormshak (2023) — 10.1007/s10935-023-00727-1	FCU Online COVID-19 Adolescent Cohort	Qualitative Age Boundary (ages 10–14, M=12.1)	Excluded from 2–12y childhood pooling due to early-adolescent mean age.
[27]	Buchanan et al. (2025) — 10.1007/s10826-025-03016-z	ADAPT Military Family Cohort (DoD W81XWH)	Qualitative Cluster/Construct Boundary	Weekly format acceptability across 143 parents nested in 96 military families; linked with [47,48].
[28]	Reardon et al. (2026b) — 10.1016/s2215-0366(26)00064-7	iCATS-i2i Cluster RCT (ISRCTN76119074)	Quantitative Superiority (Ch 1, Ch 2a, Ch 3)	84 UK primary schools (target N=409); parent SCAS-8-P g=+0.42 vs. classroom child g=+0.06 (Δg=+0.360) & teacher g=+0.14.
[29]	Reardon et al. (2026a) — 10.1111/jcpp.70119	MYCATS Cluster RCT (ISRCTN82398107)	Quantitative Superiority (Ch 1 & Ch 6)	95 UK schools (N=865); parent PAS g=+0.35 vs. clinician ADIS-P interview of parent OR=0.67 (g=+0.221); 13% assessors unblinded.
[30]	Yu et al. (2026) — 10.2196/87123	MYCATS Cluster RCT (linked to [29])	Linked Economic Evaluation (Not Pooled Twice)	Health-economic companion to Reardon et al. [29] on the identical 95-school MYCATS cohort.
[31]	Morgan et al. (2017) — 10.1016/j.jaac.2017.02.010	Cool Little Kids Online (ACTRN12613000788741)	Quantitative Superiority (Ch 1 & Ch 6)	N=433 pure self-directed; parent PAS-R/SDQ-ES composite g=+0.240 vs. psychologist-scored parent OAPA g=+0.310 (Δg=−0.070).

Ref.	Primary Source & DOI	Cohort Family / Registry	Synthesis Role	Methodological & Denominator Contribution
[32]	Donovan & March (2014) — 10.1016/j.brat.2014.05.001	BRAVE-ONLINE Preschool Parent RCT	Quantitative Superiority (Ch 1 & Ch 6; Guided)	N=52 therapist-assisted; swapped Table 3/4 captions audited; 100% phone ADIS-P completion vs. 82.6% online surveys.
[33]	Vigerland et al. (2016) — 10.1016/j.brat.2015.11.006	BiP Anxiety Clinical RCT (NCT01533402)	Quantitative Superiority (Ch 1, Ch 2a, Ch 6)	N=93 guided iCBT; clinician CSR d=1.66 & parent SCAS-P g=+0.445 vs. independent child SCAS-C g=−0.004 (Δg=+0.449).
[34]	Baker et al. (2017) — 10.1016/j.brat.2017.01.016	Triple P Online Brief (ACTRN12613000025730)	Quantitative Superiority (Ch 1 & Ch 4)	N=200; Tables 2–3 print SE not SD; 9m parent composite g=+0.210 vs. clinic PCPTOS video g=−0.170 (Δg=+0.380).
[35]	DuPaul et al. (2026) — 10.1080/15374416.2026.2687069	Project PEAK Full-Scale R01 (R01HD084497)	Quantitative Superiority (Ch 1 & Ch 4)	Online BPT vs. WLC: parent Conners g=+0.605 (N=98) vs. balanced home MOOSES video + direct HTKS g=+0.098 (N=94; Δg=+0.508).
[36]	Chanpen et al. (2026) — 10.1038/s41598-026-40857-0	Net PAMA Multicenter RCT (TCTR20210409001)	Quantitative Superiority (Ch 1 & Ch 2b)	Self-directed arm vs. WLC (N=195); child PSC-17 link sent via parent's chat app with parental reading help (g=+0.401).
[37]	Hammersley et al. (2019) — 10.2196/11964	Time2bHealthy RCT (ANZCTR12616000119493)	Quantitative Superiority (Ch 1 & Ch 5)	N=86; parent food/screen/sleep g=+0.359 vs. waist ActiGraph + blinded BMI g=−0.035 (Δg=+0.393); CI sign typos audited.
[38]	Nyström et al. (2017) — 10.3945/ajcn.116.150995	MINISTOP 1.0 Cohort (NCT02021786)	Quantitative Superiority (Ch 1 & Ch 5)	N=315; 6m primary report: parent diet g=+0.217 vs. wrist ActiGraph + BodPod FMI g=+0.017 (Δg=+0.200); linked with [39].
[39]	Delisle Nyström et al. (2018) — 10.1186/s12889-018-5569-4	MINISTOP 1.0 Cohort (linked to [38])	Linked 12m Follow-Up (Not Pooled Twice)	Confirms null 12-month maintenance on both objective FMI and accelerometry in the MINISTOP 1.0 cohort.
[40]	Alexandrou et al. (2023) — 10.1186/s12966-023-01405-5	MINISTOP 2.0 Primary-Care RCT (NCT04147039)	Quantitative Superiority (Ch 1 & Ch 5)	N=552 (503 analysed); parent diet/screen composite g=+0.157 vs. routine child-health nurse BMIz g=0.000 (Δg=+0.157).
[41]	Dunn et al. (2024) — 10.1016/j.lanepe.2024.101038	Sussex Anxious Parents Online RCT (ISRCTN80011191)	Quantitative Superiority (Ch 1 Mega-Trial)	N=1,810 (1,173 analysed); SCAS-P g=+0.160; differential attrition (57.3% vs. 77.8%) and raw-score CI reporting noted.
[42]	Palmer et al. (2023) — 10.2196/44079	Parent Positive SPARKLE RCT (NCT04786080)	Quantitative Superiority (Ch 1 Large RCT)	N=646 (466 analysed); parent SDQ composite g=+0.066; 1-sided CIs converted to 2-sided CIs.
[43]	Sourander et al. (2016) — 10.1001/jamapsychiatry.2015.3411	Strongest Families Finland RCT (NCT01750996)	Quantitative Superiority (Ch 1 Guided)	N=464 (382 at 12m); weekly 45-min phone coaching; parent CBCL/ICU g=+0.293; Table 2 rounded SE '(0)' audited.
[44]	Stormshak et al. (2019) — 10.1017/S0954579419000907	FCU Online Foundational Cohort (NCT03060291)	Quantitative Superiority (Ch 1; excl. Sens. S3)	Grades 6–7 (~11–13y); pure Web-Only arm vs. control (N=199): all 4 child scales NS (g=+0.117); corrected DOI verified.

Ref.	Primary Source & DOI	Cohort Family / Registry	Synthesis Role	Methodological & Denominator Contribution
[45]	Högström et al. (2015) — 10.1007/s10578-014-0498-7	Swedish iPMT Comet Cohort (linked to [7])	Linked 18m Uncontrolled Follow-Up	Reports 18-month within-arm trajectory of n=58 treated group from Enebrink [7] after waitlist crossover.
[46]	Tran et al. (2026) — 10.1002/jcv2.70150	Vietnam Blended Online BPT ADHD RCT	Quantitative Superiority (Ch 1 Blended)	N=86 (80 analysed); parent VADPRS child ADHD g=+0.277 (p=.057) vs. parent self-rated skill PSAS d=1.17–1.28.
[47]	Chan et al. (2026) — 10.1037/ccp0001018	ADAPT Military Family Cohort (linked to [27])	Qualitative Construct Boundary	Child BASC-2 measured at baseline only as moderator of 12m observed parental FIT skill coding (Online vs. Telehealth).
[48]	Sloan, Cai & Gewirtz (2026) — 10.1007/s10802-026-01496-1	ADAPT Military Family Cohort (linked to [27])	Qualitative Modality Boundary	Compares group-based vs. telehealth parenting formats (no unguided self-directed arm) in military families.
[49]	Connell et al. (2026) — 10.1007/s11121-026-01946-8	FCU Online Middle-School RCT (N=281)	Qualitative Age Boundary (ages 10–15, M=12.4)	Excluded from 2–12y childhood pooling due to adolescent age distribution.
[50]	Zhou, Liu & Li (2026) — 10.3390/ijerph23030345	Preschool eHealth Cohort (linked to [23,24])	Linked Engagement Analysis (Not Pooled Twice)	Secondary parental-engagement dose analysis of the NCT06025019 preschool eHealth trial [23].
[51]	Grajdan et al. (2024) — 10.1007/s10567-024-00505-3	Secondary Systematic Review (CCFPR)	Reference Cross-Check Review	Verified full text; confirmed 100% coverage of eligible childhood digital anxiety parenting RCTs.
[52]	Florean et al. (2020) — 10.1007/s10567-020-00326-0	Secondary Meta-Analysis (CCFPR)	Reference Benchmark Synthesis	Prior meta-analysis pooling parent-reported child behaviour outcomes without within-trial multi-informant covariance contrasts.
[53]	Spencer, Topham & King (2020) — 10.1037/fam0000605	Secondary Meta-Analysis (J Fam Psychol)	Reference Benchmark Synthesis	Prior broad meta-analysis of online parenting programmes across ages and designs.
[54]	Page et al. (2021) — 10.1136/bmj.n71	Methodological Reporting Standard	PRISMA 2020 Guideline	Governs multi-database search accounting, flow diagram structure, and synthesis transparency.
[55]	De Los Reyes et al. (2015) — 10.1037/a0038498	Psychometric Benchmark Meta-Analysis	Multi-Informant Theory & r Grid	Establishes Operations Triad Model and empirical cross-informant correlation benchmarks (r = .20–.35).
[56]	Borenstein et al. (2009) — 10.1002/9780470743386	Statistical Methodology	Hedges' g & Correlated Composites	Supplies exact J(df) correction and within-informant multi-scale composite variance equations.
[57]	Morris (2008) — 10.1177/1094428106291059	Statistical Methodology	Pretest–Posttest Control d_ppc2	Supplies baseline-SD standardised difference-in-differences estimator for trials with baseline imbalance.
[58]	Chinn (2000) — Stat Med 19:3127–3131	Statistical Methodology	Binary Log-OR to SMD Conversion	Supplies √3/π conversion from logistic odds ratios to Hedges' g in Channel 6 diagnostic interviews.

Ref.	Primary Source & DOI	Cohort Family / Registry	Synthesis Role	Methodological & Denominator Contribution
[59]	Stanley & Doucouliagos (2014) — 10.1002/jrsm.1095	Statistical Methodology	PET-PEESE Small-Study Bias	Supplies precision-weighted meta-regression estimators correcting Channel 1 funnel plot asymmetry.

Shared cohorts are strictly linked and never double-counted.

S1.3. Complete Subgroup A Extracted Effect-Size Dataset (51 Rows)

Table S2. Full 51-Row Cohort-by-Informant Effect-Size Dataset

#	Cohort & Citation	Stratum / Mode	Age	N (Int/Ctrl)	Channel	Measure	Hedges' g (SE) [95% CI]	Source-Audit Note
1	Reardon et al. (2026b) Lancet Psychiatry [iCATS-i2i]	Sup | Pure	8-9y (M=8.8)	308 (145/163)	1. Unmasked Parent-Proxy Report	SCAS-8-P (12m primary endpoint; 4m g=+0.52)	+0.420 (0.094) [+0.235, +0.605]	Total school sample N=3,628 child RCADS-C at 12m significantly favoured control (SMD=+0.08, p=.0098)
2	Reardon et al. (2026b) Lancet Psychiatry [iCATS-i2i]	Sup | Pure	8-9y (M=8.8)	352 (170/182)	2. Child Self-Report	SCAS-8-C classroom self-report (12m; RCADS-C g=-0.06)	+0.060 (0.092) [-0.120, +0.240]	RCADS-C 12m moved slightly opposite direction (g=-0.06 target; g=-0.08 p=.0098 whole school)
3	Reardon et al. (2026b) Lancet Psychiatry [iCATS-i2i]	Sup | Pure	8-9y (M=8.8)	358 (175/183)	3. Teacher Report	SCAS-8-T symptom scale (12m; 4m g=+0.15; 2-item Impact-T g=+0.32)	+0.140 (0.110) [-0.075, +0.355]	Symptom scale SCAS-8-T NS at 4m (p=.093) and 12m (p=.19), whereas 2-item Impact-T p=.0006
4	Reardon et al. (2026a) JCPP [MYCATS]	Sup | Pure	4-7y (Reception-Y2)	679 (324/355)	1. Unmasked Parent-Proxy Report	PAS Child Anxiety (12m; 12w post g=+0.43; SDQ-E 12m g=+0.21)	+0.350 (0.071) [+0.210, +0.490]	Table 4 GAD-7 12m CI printed as '-1.4 (-2.0 to 0.8)' missing minus sign on upper bound (-0.8)
5	Reardon et al. (2026a) JCPP [MYCATS]	Sup | Pure	4-7y (Reception-Y2)	622 (310/312)	6. Clinician-Scored Parent Interview	ADIS-P Blinded Clinician Interview of Parent (OR=0.67 [0.37, 1.21], p=.19)	+0.221 (0.167) [-0.106, +0.547]	81/622 (13.0%) assessors inadvertently unblinded during parent telephone interview (67 int vs 14 ctrl)
6	Morgan et al. (2017) JAACAP [Cool Little Kids Online]	Sup | Pure	3-6y (M=4.8)	345 (165/180)	1. Unmasked Parent-Proxy Report	Parent Composite 24w (PAS-R d=0.38 [p<.001] + SDQ-ES d=0.10 [p=.370 NS])	+0.240 (0.093) [+0.058, +0.422]	Narrow disorder-specific PAS-R improved (d=0.38) while broader SDQ Emotional Symptoms was null at 24w (d=0.10, p=.370)
7	Morgan et al. (2017) JAACAP [Cool Little Kids Online]	Sup | Pure	3-6y (M=4.8)	319 (148/171)	6. Clinician-Scored Parent Interview	OAPA Blinded Psychologist-Scored Parent Assessment (39.9% vs 53.8%, OR=0.57)	+0.310 (0.125) [+0.065, +0.555]	Relies entirely on unmasked parent's written symptom narratives (N=319 vs N=345 questionnaires)
8	Donovan & March (2014) BRAT [BRAVE Preschool]	Sup | Guided	3-6y (M=4.1)	48 (19/29)	1. Unmasked Parent-Proxy Report	Online Parent Questionnaire ITT Composite (PAS p=.066 NS + CBCL-Int p=.025)	+0.575 (0.243) [+0.098, +1.051]	Table 3 & Table 4 numbers/captions transposed relative to in-text citations (pp. 29-31); PAS significant in

#	Cohort & Citation	Stratum / Mode	Age	N (Int/Ctrl)	Channel	Measure	Hedges' g (SE) [95% CI]	Source-Audit Note
								completers (p=.011) but NS in ITT (p=.066)
9	Donovan & March (2014) BRAT [BRAVE Preschool]	Sup | Guided	3-6y (M=4.1)	50 (23/27)	6. Clinician-Scored Parent Interview	ADIS-P Blinded Clinician Phone Interview of Parent (CSR d=0.95, CGAS d=0.75, Remission p=.318 NS)	+0.684 (0.246) [+0.201, +1.167]	Continuous clinician severity rating improved (p=.001) while categorical loss of primary diagnosis was NS (39.1% vs 24.1%, p=.318)
10	Vigerland et al. (2016) BRAT [BiP Anxiety]	Sup | Guided	8-12y (M=10.1)	76 (33/43)	1. Unmasked Parent-Proxy Report	SCAS-P Parent-Rated Child Anxiety (d=0.45 [-0.01, 0.90])	+0.445 (0.232) [-0.009, +0.900]	Parents reported moderate anxiety drop (d=0.45) whereas children reported zero between-group difference (d<0.01)
11	Vigerland et al. (2016) BRAT [BiP Anxiety]	Sup | Guided	8-12y (M=10.1)	73 (31/42)	2. Child Self-Report	SCAS-C Child Self-Report (d=-0.004 [-0.47, 0.46]; Child QOLI d=-0.26)	-0.004 (0.234) [-0.463, +0.455]	Table 3 QOLI CI typo '-0.26 [-0.72, 0.27]' (upper bound asymmetrical by +0.07) and CSR Dslope CI reversed '[-0.77, -1.55]'
12	Vigerland et al. (2016) BRAT [BiP Anxiety]	Sup | Guided	8-12y (M=10.1)	90 (45/45)	6. Clinician-Scored Parent Interview	ADIS-C/P Clinician Composite (CSR d=1.66 + CGAS d=0.45; Remission 20% vs 7% NS)	+1.046 (0.197) [+0.660, +1.432]	Huge CSR effect (d=1.66 due to tiny baseline SD=0.7) vs NS diagnostic remission (20% vs 7%) and zero SCAS-C effect (d<0.01)
13	Döpfner et al. (2025) JCPP [WASH Unguided]	Sup | Pure	6-12y (M=8.9)	160.5 eff. (105 T / 55.5 split C; raw arm sum = 216)	1. Unmasked Parent-Proxy Report	Online Parent SCL-ADHD (T3; CBCL-Ext d=0.18; split shared TAU)	+0.209 (0.166) [-0.116, +0.534]	Questionnaire subsample N=216 smaller than telephone interview N=243
14	Döpfner et al. (2025) JCPP [WASH Unguided]	Sup | Pure	6-12y (M=8.9)	182.5 eff. (122 T / 60.5 split C; raw arm sum = 243)	6. Clinician-Scored Parent Interview	DCL-EXT Blinded Clinician Phone Interview of Parent (split shared TAU)	+0.050 (0.157) [-0.257, +0.357]	Pure self-directed WASH without phone coaching yielded null clinician-rated effect (d=0.05, p=.730)
15	Döpfner et al. (2025) JCPP [WASH+Support]	Sup | Guided	6-12y (M=8.9)	157.5 eff. (102 T / 55.5 split C; raw arm sum = 213)	1. Unmasked Parent-Proxy Report	Online Parent SCL-ADHD (T3; SCL-ODD d=0.19, NS p=.281; split shared TAU)	+0.100 (0.166) [-0.226, +0.425]	Online parent ratings remained NS (p=.281) even in supported arm
16	Döpfner et al. (2025) JCPP [WASH+Support]	Sup | Guided	6-12y (M=8.9)	184.5 eff. (124 T /	6. Clinician-Scored Parent Interview	DCL-EXT Clinician Phone Interview of Parent (split shared TAU)	+0.339 (0.157) [+0.031, +0.647]	Abstract sign typo 'd = 0.34 [-0.59, -0.09]'; 10 missing

#	Cohort & Citation	Stratum / Mode	Age	N (Int/Ctrl)	Channel	Measure	Hedges' g (SE) [95% CI]	Source-Audit Note
				60.5 split C; raw arm sum = 245)				blinded phone ratings replaced by unblinded clinician ratings
17	Havighurst et al. (2024) Front Psychol [TIKOL]	Sup | Pure	4-10y	151 (78/73)	1. Unmasked Parent-Proxy Report	Parent Composite (Child Anxiety g=0.44, ECBI Prob g=0.22, ECBI Int g=0.09)	+0.249 (0.133) [-0.012, +0.509]	Parent child-anxiety significant (p=.003) while ECBI Intensity NS (p=.474)
18	Havighurst et al. (2024) Front Psychol [TIKOL]	Sup | Pure	4-10y	136 (64/72)	3. Teacher Report	Teacher SESBI-R Intensity (beta=+11.71, SE=7.18, p=.105 unfavourable)	-0.247 (0.171) [-0.583, +0.089]	Teacher-rated classroom disruptive intensity trended worse in intervention (+11.71 pts, p=.105)
19	Sanders, Baker & Turner (2012) BRAT [Triple P Online]	Sup | Pure	2-9y (M=4.7)	107 (57/50)	1. Unmasked Parent-Proxy Report	Parent Composite (ECBI Int d=0.89, ECBI Prob d=0.71, SDQ Cond d=0.58, SDQ Emot d=0.44)	+0.650 (0.156) [+0.344, +0.957]	Preprint transposed ECBI Problem/Intensity row labels (corrected in Elsevier final PDF Table 2)
20	Sanders, Baker & Turner (2012) BRAT [Triple P Online]	Sup | Pure	2-9y (M=4.7)	41 (22/19)	4. Masked Behavioural Observation	FOS Masked Video Child Disruptive Behaviour (post 8.71 vs 8.60, F[1,38]=0.983, p=.328 NS)	-0.015 (0.307) [-0.617, +0.587]	61.7% smaller analytical denominator than parent questionnaires (N=41 vs N=107); 6m attrition reached 77.6% (N=26)
21	Baker et al. (2017) BRAT [Triple P Online Brief]	Sup | Pure	2-9y (M=4.4)	162 (78/84)	1. Unmasked Parent-Proxy Report	Parent 5-Scale Composite 9m FU (ECBI Int d=0.41, Prob d=0.27, Concerns d=0.39, CAPES NS; 8w g=+0.09)	+0.210 (0.122) [-0.029, +0.449]	Tables 2 & 3 print Mean and SE (not SD); 8w post child ECBI/CAPES MANCOVAs were NS (p=.299-.921) before emerging on ECBI at 9m
22	Baker et al. (2017) BRAT [Triple P Online Brief]	Sup | Pure	2-9y (M=4.4)	75 (37/38)	4. Masked Behavioural Observation	PCPTOS Masked Clinic Video Child Negative Rate/min (9m F[1,71]=0.54 p=.467; 8w d=-0.31 p=.180)	-0.170 (0.229) [-0.619, +0.279]	WLC improved slightly more than TPOL Brief on masked video at both 8w (-0.13 vs +0.03) and 9m (-0.27 vs -0.18)
23	DuPaul et al. (2026) JCCAP [Project PEAK Online BPT]	Sup | Guided	3-5y (M=4.2)	98 (48/50)	1. Unmasked Parent-Proxy Report	Conners EC-P Composite (IH d=0.74, GRI d=0.67, DA d=0.42; Online BPT n=48 vs WLC n=50)	+0.605 (0.168) [+0.277, +0.934]	Authors pooled F2F+Online in Table 2 after non-significant ANCOVAs (p=.09-.12); Online-specific n=48 isolated so F2F never inflates weight
24	DuPaul et al. (2026) JCCAP [Project PEAK Online BPT]	Sup | Guided	3-5y (M=4.2)	94 (46/48)	4. Masked Behavioural Observation	Masked Home Video MOOSES (CNI p=.21, CPAD p=.30, CNCO p=.22) + Direct Child HTKS (p=.56) Composite	+0.098 (0.163) [-0.222, +0.417]	Observed positive parenting praise rose (d=0.41-0.51), yet all 4 masked child behaviour/self-regulation measures were null (p=.21-.56)
25	Chanpen et al. (2026) Sci Rep [Net PAMA]	Sup | Pure	6-12y (M=8.7)	195 (99/96)	1. Unmasked Parent-Proxy Report	Parent Composite DiD (PSC-17-P g=0.28 + SNAP-IV ODD g=0.16; raw post d=0.41)	+0.223 (0.124) [-0.020, +0.466]	3 discrepancies: (a) 305 randomised vs 290 called 'ITT'; (b) Methods age 6-12 vs Discussion 3-12; (c) SNAP-IV Group*Time p=.504 NS reported as significant post d=0.40

#	Cohort & Citation	Stratum / Mode	Age	N (Int/Ctrl)	Channel	Measure	Hedges' g (SE) [95% CI]	Source-Audit Note
26	Chanpen et al. (2026) Sci Rep [Net PAMA]	Sup | Pure	6-12y (M=8.7)	195 (99/96)	2. Child Self-Report	Child PSC-17 DiD via Parent-Forwarded Chat Link (raw post d=0.58)	+0.401 (0.144) [+0.118, +0.683]	Contaminated informant channel: child survey mediated by unblinded parent chat app and co-reporting assistance
27	Sim et al. (2020) J Affect Disord [PaRK]	Sup | Pure	8-11y (M=9.8)	289 (144/145)	1. Unmasked Parent-Proxy Report	RCADS-25-P Composite (Anxiety d=+0.10, Depression d=+0.01; PaRCADS parenting d=+0.24 p=.02)	+0.055 (0.102) [-0.144, +0.254]	Table 2 prints 'd = -0.10 [-0.11, 0.31]' (point estimate sign inverted outside its own positive CI midpoint +0.10)
28	Sim et al. (2020) J Affect Disord [PaRK]	Sup | Pure	8-11y (M=9.8)	276 (138/138)	2. Child Self-Report	RCADS-25-C Independent Child Portal Composite (Anxiety d=-0.06, Depression d=+0.09)	+0.015 (0.104) [-0.189, +0.219]	Table 2 prints 'd = -0.09 [-0.12, 0.30]' on RCADS-C Depression (point estimate sign inverted vs CI midpoint +0.09)
29	Peng, Wen & Lau (2025) JMIR	Sup | Pure	3-6y (M=4.6)	181 (90/91)	1. Unmasked Parent-Proxy Report	Parent Composite (Weekend Screen g=0.46, Weekday Screen g=0.25, CSHQ g=0.06)	+0.257 (0.122) [+0.018, +0.495]	Large parent-reported screen reduction contrasts with null accelerometer sedentary/MVPA
30	Peng, Wen & Lau (2025) JMIR	Sup | Pure	3-6y (M=4.6)	181 (90/91)	5. Objective Sensors & Blinded Anthropometry	Waist ActiGraph Composite (MVPA g=0.06, Sedentary g=-0.11, Valid Sleep g=0.20)	+0.050 (0.121) [-0.187, +0.287]	3 Table 3 sleep point estimates lie mathematically outside printed 95% CIs (12w dur -18.59 vs [-17.50,41.68]; 12w lat -3.19 vs [11.61,-5.23]; 24w eff -0.25 vs [-2.29,-1.79]) -> excluded from pooling
31	Hammersley et al. (2019) JMIR [Time2bHealthy]	Sup | Pure	2-5y (M=3.5)	78 (38/40)	1. Unmasked Parent-Proxy Report	Parent Composite (Discretionary Food g=0.47, Screen g=0.33, Sleep Reluctance g=0.29)	+0.359 (0.185) [-0.004, +0.722]	Table 3 Sedentary CI typo '-1.60 to -3.27' (missing + on 3.27); Table 5 BMI CI typo '-0.27 to -0.29' (missing + on 0.29)
32	Hammersley et al. (2019) JMIR [Time2bHealthy]	Sup | Pure	2-5y (M=3.5)	53 (27/26)	5. Objective Sensors & Blinded Anthropometry	ActiGraph Waist MVPA/Sleep (N=53/41) + Blinded BMI (N=78) Composite	-0.035 (0.219) [-0.464, +0.395]	6m ActiGraph sleep duration significantly favoured control (-0.55h, p=.04) despite parent sleep reluctance trending favourable
33	Nyström et al. (2017) AJCN / Delisle Nyström et al. (2018) [MINISTOP 1.0]	Sup | Pure	4.5y	263 (133/130)	1. Unmasked Parent-Proxy Report	Parent Mobile Dietary Composite (Sweetened Drinks g=0.24 p=.05, Candy g=0.20)	+0.217 (0.107) [+0.008, +0.427]	Parent-recorded composite health score improved (p=.021) while BodPod FMI (p=.942) & ActiGraph MVPA (p=.685) did not
34	Nyström et al. (2017) AJCN / Delisle Nyström et al. (2018) [MINISTOP 1.0]	Sup | Pure	4.5y	264 (134/130)	5. Objective Sensors & Blinded Anthropometry	7-Day Wrist ActiGraph MVPA (g=-0.02, N=247) + BodPod Plethysmography FMI (g=+0.06, N=281)	+0.017 (0.107) [-0.191, +0.226]	Zero objective physical activity or adiposity change despite significant parent dietary score effect
35	Alexandrou et al. (2023) IJBNPA [MINISTOP 2.0]	Sup | Pure	2.5-3y	503 (247/256)	1. Unmasked Parent-Proxy Report	Parent Composite (Sweet Drinks g=0.26, Treats g=0.27, Screen g=0.18, MVPA g=-0.07)	+0.157 (0.071) [+0.019, +0.296]	Parents reported reduced sugary intake & screen time (and higher parental feeding PSE p=.004), while nurse-measured child BMIz = 0.00

#	Cohort & Citation	Stratum / Mode	Age	N (Int/Ctrl)	Channel	Measure	Hedges' g (SE) [95% CI]	Source-Audit Note
36	Alexandrou et al. (2023) IJBNPA [MINISTOP 2.0]	Sup | Pure	2.5-3y	503 (247/256)	5. Objective Sensors & Blinded Anthropometry	Routine Child Health Nurse Standardised BMI z-score (beta=0.00 [-0.09, 0.09])	+0.000 (0.089) [-0.175, +0.175]	Exact 0.00 SD difference on objective anthropometry (N=503)
37	Dunn et al. (2024) Lancet Reg Health Eur	Sup | Pure	2-11y (Median=6.0)	1173 (500/673)	1. Unmasked Parent-Proxy Report	SCAS-P / Preschool SCAS Primary Outcome (g=0.16; PSC-Int g=0.10, PSC-Ext g=0.00)	+0.160 (0.038) [+0.085, +0.235]	Severe differential follow-up (57.3% int vs 77.8% ctrl); text prints raw score CIs next to Cohen's d for PSC/SCARED-A and moderator CI '-0.20 to 0.04' missing minus sign
38	Palmer et al. (2023) JMIR [Parent Positive]	Sup | Pure	4-10y (M=7.5)	466 (200/266)	1. Unmasked Parent-Proxy Report	Parent SDQ Composite (Primary Conduct g=0.003 NS; Secondary Emotion g=0.13)	+0.066 (0.081) [-0.092, +0.225]	1-sided 95% CIs used in primary report; 2-sided tests showed increased parental worries at T3 (d=+0.14 unfavourable) and cost-effectiveness reversed when 4 outliers retained
39	Sandborg et al. (2025) IJBNPA [Let's Grow]	Sup | Pure	18-35m enrolled (24-41m at 6m FU; M=27.1m)	1069 (502/567)	1. Unmasked Parent-Proxy Report	Parent-Reported Child Motor Skills (g=0.07) & Emotion Regulation (g=0.04)	+0.056 (0.053) [-0.048, +0.160]	Parent knowledge improved (p=.002) while 20+ behavioural & child skill outcomes remained null
40	Sourander et al. (2016) JAMA Psychiatry [SFSW]	Sup | Guided	4y (screened population)	382 (182/200)	1. Unmasked Parent-Proxy Report	Parent Composite 12m (CBCL-Ext d=0.34, CBCL-Int d=0.35, ICU d=0.19; CBCL Total d=0.37)	+0.293 (0.084) [+0.128, +0.457]	Table 2 reports Mean (SE) where SEs <0.05 rounded to '(0)'; Control 6m Parenting Scale Total printed as '3.9 (0)' vs 3.1 baseline & 2.8 at 12m
41	Stormshak et al. (2019) Dev Psychopathol [FCU Online Web-Only]	Sup | Pure	11-13y (6th-7th grade)	199 (101/98)	1. Unmasked Parent-Proxy Report	Parent SDQ/EATQ Composite in Pure Self-Directed Web-Only Arm (all 4 child scales NS, p=.092-.499)	+0.117 (0.112) [-0.102, +0.336]	DOI in prior registers corrected to 10.1017/S0954579419000907; pure self-directed Web-Only arm produced zero significant main effects
42	Enebrink et al. (2012) BRAT [linked Högström 2013, 2015]	Sup | Guided	3-12y (M=6.8)	104 (58/46)	1. Unmasked Parent-Proxy Report	Parent ITT Composite (ECBI Int d=0.42, ECBI Prob d=0.72, SDQ Total d=0.62)	+0.582 (0.164) [+0.262, +0.903]	3 separate BRAT/ECAP papers analyse this exact N=104 cohort and are linked as 1 unit (shared cohort linked once)
43	DuPaul et al. (2018) JCCAP [Project PEAK Pilot]	Sup | Guided	3-5y (M=4.4)	27 (13/14)	1. Unmasked Parent-Proxy Report	Conners EC-P 5-Scale Composite (I/O d=0.54, D/A d=0.52, GI-RI d=0.84, GI-T d=0.86, M/A d=0.93)	+0.716 (0.299) [+0.129, +1.303]	Primary ADHD core subscales I/O (p=.12) and D/A (p=.26) were NS while Global/Mood scales reached p<.05; teacher ratings omitted after baseline
44	Tran et al. (2026) JCPP Advances	Sup | Guided	6-11y	80 (37/43)	1. Unmasked Parent-Proxy Report	VADPRS Parent-Rated Child ADHD Symptoms (T2 d=0.28, p=.057; T3 d=0.30, p=.075)	+0.277 (0.223) [-0.160, +0.715]	Parent self-rated skills PSAS jumped d=1.17-1.28 (p<.001) while child VADPRS symptoms missed significance (p=.057/.075)

#	Cohort & Citation	Stratum / Mode	Age	N (Int/Ctrl)	Channel	Measure	Hedges' g (SE) [95% CI]	Source-Audit Note
45	Creswell et al. (2024) Lancet Psychiatry [OSI vs CAMHS TAU]	Act | Guided	5-12y (Median=9)	288 (158/130)	1. Unmasked Parent-Proxy Report	Parent Composite vs CAMHS TAU (CAIS-P g=-0.01 [N=289], RCADS-P g=+0.05 [N=286])	+0.020 (0.073) [-0.123, +0.163]	Child completion optional (ages >=7-8), creating 53-54 fewer child reports (N=233-235) than parent reports (N=286-289) at 26w
46	Creswell et al. (2024) Lancet Psychiatry [OSI vs CAMHS TAU]	Act | Guided	5-12y (child report >=7y)	234 (123/111)	2. Child Self-Report	Child Composite vs CAMHS TAU (CAIS-C g=+0.18 [N=235], RCADS-C g=-0.07 [N=233])	+0.055 (0.093) [-0.127, +0.237]	Opposite directional signs between CAIS-C (+0.18) and RCADS-C (-0.07) within reduced child subsample
47	Ghaderi et al. (2018) Sci Rep [iComet vs FCU]	Act | Pure	10-13y (M=11.4)	231 (114/117)	1. Unmasked Parent-Proxy Report	Parent SDQ vs Face-to-Face FCU (Conduct g=-0.30 favoured FCU; Prosocial g=+0.11)	-0.095 (0.114) [-0.319, +0.128]	Massive engagement asymmetry: only 29% completed online iComet vs 78% face-to-face FCU
48	Ghaderi et al. (2018) Sci Rep [iComet vs FCU]	Act | Pure	10-13y (M=11.4)	200 (99/101)	2. Child Self-Report	Child SDQ vs Face-to-Face FCU (Conduct g=0.00; Prosocial g=-0.37 p=.01)	-0.184 (0.123) [-0.424, +0.056]	Children in iComet reported sharp drop in prosocial behaviour (g=-0.37, p=.01) invisible to parents (g=+0.11); teacher tables omitted
49	Prinz et al. (2022) JCPP [Online vs Staff Triple P]	Act | Pure	3-7y (M=4.6)	273 (128/145)	1. Unmasked Parent-Proxy Report	Parent ECBI vs In-Person Staff Triple P (T2 Est 133 vs 127, d=-0.265; Noninferiority FAILED at T2)	-0.264 (0.121) [-0.502, -0.026]	Appendix S1 mixes T1 SD with T2/T3 SE; in-person clinician contact inflated parent ECBI drop (-40 vs -34) while masked video favoured Online
50	Prinz et al. (2022) JCPP [Online vs Staff Triple P]	Act | Pure	3-7y (M=4.6)	273 (128/145)	4. Masked Behavioural Observation	PCPTOS Masked Home Video Child Disruptive Rate/min vs Staff Triple P (0.45 vs 0.51, d=+0.150; NI MET)	+0.150 (0.121) [-0.088, +0.387]	Masked video coders saw slightly greater reduction in Online (-0.21) than Staff (-0.15), reversing parent ECBI superiority of Staff
51	Prinz et al. (2022) JCPP [Online vs Staff Triple P]	Act | Pure	3-7y (M=4.6)	234 (118/116)	3. Teacher Report	Teacher CADBI 4-Scale Composite vs Staff Triple P (d=+0.032; within-group Online d=0.06-0.16)	+0.032 (0.103) [-0.170, +0.234]	Within-group change in both arms was near zero on teacher ratings (d=0.06-0.23) despite massive within-group parent ECBI drops (d=1.07-1.30)

Positive Hedges' g favours the digital parenting intervention.

S1.4. Complete Subgroup B Within-Trial Paired Informant Contrast Dataset (22 Pairs)

Table S3. Full 22-Pair Within-Trial Informant Contrast Dataset

ID	Cohort & Contrast	Second Channel	Tier	N_P / N_S (Ratio)	g_P vs. g_S	Δg [95% CI] (r=.20)	Δg [95% CI] & p (r=.35)	Δg [95% CI] (r=.50)	Note
B01	Reardon et al. (2026b) [iCATS-i2i: Parent vs Classroom Child]	2a. Classroom Child (SCAS-8-C)	Indep.	308 / 352 (1.14)	+0.420 vs +0.060	+0.360 [+0.127, +0.593]	+0.360 [+0.148, +0.572] (p=0.0009)	+0.360 [+0.172, +0.548]	4m post contrast even larger: +0.52 - 0.07 = +0.45
B02	Reardon et al. (2026b) [iCATS-i2i: Parent vs Teacher]	3. Teacher (SCAS-8-T)	Indep.	308 / 358 (1.16)	+0.420 vs +0.140	+0.280 [+0.024, +0.536]	+0.280 [+0.046, +0.514] (p=0.0189)	+0.280 [+0.071, +0.489]	4m post contrast: +0.52 - 0.15 = +0.37
B03	Vigerland et al. (2016) [BiP Anxiety: Parent SCAS-P vs Child SCAS-C]	2a. Independent Child (SCAS-C)	Indep.	76 / 73 (0.96)	+0.445 vs -0.004	+0.449 [-0.130, +1.029]	+0.449 [-0.074, +0.973] (p=0.0926)	+0.449 [-0.012, +0.911]	Even with 4 direct child iCBT modules, SCAS-C showed zero between-group effect (d<0.01)
B04	Sim et al. (2020) [PaRK: Parent vs Independent Child Portal]	2a. Independent Child (RCADS-25-C)	Indep.	289 / 276 (0.96)	+0.055 vs +0.015	+0.040 [-0.216, +0.296]	+0.040 [-0.191, +0.271] (p=0.7352)	+0.040 [-0.164, +0.244]	Matched complete dyads across all waves verified from CONSORT = 251 (124 int, 127 ctrl)
B05	Havighurst et al. (2024) [TIKOL: Parent vs Teacher]	3. Teacher (SESBI-R)	Indep.	151 / 136 (0.90)	+0.249 vs -0.247	+0.495 [+0.111, +0.880]	+0.495 [+0.145, +0.846] (p=0.0056)	+0.495 [+0.183, +0.808]	Parent reported lower child anxiety while teacher rated slightly higher classroom disruption
B06	Sanders et al. (2012) [Triple P Online: Parent vs Masked FOS Video]	4. Masked Video Observation (FOS)	Indep.	107 / 41 (0.38)	+0.650 vs -0.015	+0.665 [+0.024, +1.306]	+0.665 [+0.052, +1.278] (p=0.0336)	+0.665 [+0.080, +1.250]	Severe observation attrition/recording loss: N_S/N_P = 41/107 = 0.383 (26/100 at 6m)
B07	Baker et al. (2017) [Triple P Online Brief: Parent vs Masked PCPTOS Video]	4. Masked Video Observation (PCPTOS)	Indep.	162 / 75 (0.46)	+0.210 vs -0.170	+0.380 [-0.099, +0.859]	+0.380 [-0.075, +0.836] (p=0.1020)	+0.380 [-0.051, +0.811]	At 8w post, Δg = +0.089 - (-0.303) = +0.392; at 9m FU, Δg = +0.210 - (-0.170) = +0.380
B08	DuPaul et al. (2026) [Project PEAK Online: Parent Conners vs Masked Video/HTKS]	4. Masked Home Video + Direct HTKS	Indep.	98 / 94 (0.96)	+0.605 vs +0.098	+0.508 [+0.097, +0.918]	+0.508 [+0.136, +0.879] (p=0.0074)	+0.508 [+0.180, +0.835]	Balanced home-observation denominator (N_S/N_P = 0.959) proves divergence is NOT merely clinic attrition
B09	Peng, Wen & Lau (2025) [eHealth: Parent vs Waist ActiGraph]	5. Waist Accelerometer (ActiGraph)	Indep.	181 / 181 (1.00)	+0.257 vs +0.050	+0.206 [-0.094, +0.507]	+0.206 [-0.065, +0.478] (p=0.1355)	+0.206 [-0.031, +0.444]	Screen/sedentary behavioural contrast

ID	Cohort & Contrast	Second Channel	Tier	N_P / N_S (Ratio)	g_P vs. g_S	Δg [95% CI] (r=.20)	Δg [95% CI] & p (r=.35)	Δg [95% CI] (r=.50)	Note
									alone: +0.355 vs -0.110 (Δg = +0.465)
B10	Hammersley et al. (2019) [Time2bHealthy: Parent vs ActiGraph/BMI]	5. Waist ActiGraph + Blinded BMI	Indep.	78 / 53 (0.68)	+0.359 vs -0.035	+0.393 [-0.121, +0.908]	+0.393 [-0.082, +0.869] (p=0.1048)	+0.393 [-0.040, +0.826]	ActiGraph valid wear N=53 (MVPA) and N=41 (Sleep) vs N=78 questionnaire (Ratio=0.679)
B11	Nyström et al. (2017/2018) [MINISTOP 1.0: Parent vs ActiGraph/BodPod]	5. Wrist ActiGraph + BodPod	Indep.	263 / 264 (1.00)	+0.217 vs +0.017	+0.200 [-0.065, +0.464]	+0.200 [-0.039, +0.438] (p=0.1004)	+0.200 [-0.009, +0.409]	7-day wrist accelerometry (N=247) + air-displacement plethysmography (N=281)
B12	Alexandrou et al. (2023) [MINISTOP 2.0: Parent vs Nurse BMIz]	5. Clinic Nurse Measured BMIz	Indep.	503 / 503 (1.00)	+0.157 vs +0.000	+0.157 [-0.043, +0.357]	+0.157 [-0.024, +0.338] (p=0.0883)	+0.157 [-0.002, +0.317]	Balanced denominator (N=503) in routine Swedish primary care
B13	Chanpen et al. (2026) [Net PAMA: Parent vs Parent-Forwarded Child Link]	2b. Parent-Forwarded Child Link (PSC-17)	Parent-Med.	195 / 195 (1.00)	+0.282 vs +0.401	-0.119 [-0.475, +0.238]	-0.119 [-0.440, +0.202] (p=0.4686)	-0.119 [-0.401, +0.163]	Same-scale PSC-17 DiD; child link sent via parent's chat app with parental reading help
B14	Reardon et al. (2026a) [MYCATS: Parent PAS vs Clinician ADIS-P]	6. Clinician Interview of Parent (ADIS-P)	Parent-Med.	679 / 622 (0.92)	+0.350 vs +0.221	+0.129 [-0.201, +0.459]	+0.129 [-0.180, +0.438] (p=0.4129)	+0.129 [-0.158, +0.416]	Same parent interviewed by clinician; 13% assessors unblinded during interview
B15	Morgan et al. (2017) [Cool Little Kids: Parent Questionnaire vs OAPA]	6. Psychologist-Scored Parent OAPA	Parent-Med.	345 / 319 (0.92)	+0.240 vs +0.310	-0.070 [-0.346, +0.206]	-0.070 [-0.321, +0.181] (p=0.5856)	-0.070 [-0.294, +0.154]	Psychologist scored unmasked parent's written descriptions (Δg = -0.070)
B16	Donovan & March (2014) [BRAVE Preschool: Online Parent vs Phone ADIS-P]	6. Clinician Phone Interview of Parent	Parent-Med.	48 / 50 (1.04)	+0.575 vs +0.684	-0.109 [-0.717, +0.499]	-0.109 [-0.659, +0.441] (p=0.6976)	-0.109 [-0.594, +0.376]	100% completed phone interview vs 82.6% online questionnaires in treatment arm
B17	Döpfner et al. (2025) [WASH Unguided: Online Parent vs Clinician Phone]	6. Clinician Phone Interview of Parent	Parent-Med.	216 / 243 (1.12)	+0.209 vs +0.050	+0.159 [-0.243, +0.562]	+0.159 [-0.207, +0.525] (p=0.3936)	+0.159 [-0.166, +0.484]	Split shared TAU variance preserved
B18	Döpfner et al. (2025) [WASH+Support: Online Parent vs Clinician Phone]	6. Clinician Phone Interview of Parent	Parent-Med.	213 / 245 (1.15)	+0.100 vs +0.339	-0.239 [-0.643, +0.165]	-0.239 [-0.607, +0.129] (p=0.2029)	-0.239 [-0.567, +0.089]	10 missing blinded phone ratings replaced by unblinded clinician ratings
B19	Creswell et al. (2024) [Co-CAT OSI vs CAMHS TAU: Parent vs Child]	2a. Independent Child (CAIS-C/RCADS-C)	Indep.	288 / 234 (0.81)	+0.020 vs +0.055	-0.035 [-0.245, +0.175]	-0.035 [-0.228, +0.158] (p=0.7218)	-0.035 [-0.208, +0.138]	CAIS Δg=-0.19, RCADS Δg=+0.12; both arms received active unblinded CBT
B20	Ghaderi et al. (2018) [iComet vs FCU: Parent vs Child SDQ]	2a. Independent Child (SDQ-C)	Indep.	231 / 200 (0.87)	-0.095 vs -0.184	+0.089 [-0.207, +0.385]	+0.089 [-0.181, +0.358] (p=0.5193)	+0.089 [-0.152, +0.329]	On SDQ Prosocial alone, Δg = +0.114 - (-0.369) = +0.483 (p=.008)

ID	Cohort & Contrast	Second Channel	Tier	N_P / N_S (Ratio)	g_P vs. g_S	Δg [95% CI] (r=.20)	Δg [95% CI] & p (r=.35)	Δg [95% CI] (r=.50)	Note
B21	Prinz et al. (2022) [Online vs Staff Triple P: Parent ECBI vs Masked Video]	4. Masked Home Video (PCPTOS)	Indep.	273 / 273 (1.00)	-0.264 vs +0.150	-0.414 [-0.715, -0.113]	-0.414 [-0.685, -0.143] (p=0.0028)	-0.414 [-0.652, -0.176]	Sign reversal (-0.414): In-person therapist inflated parent ECBI (-40 vs -34) while masked video favoured Online (-0.21 vs -0.15)
B22	Prinz et al. (2022) [Online vs Staff Triple P: Parent ECBI vs Teacher CADBI]	3. Teacher Report (CADBI)	Indep.	273 / 234 (0.86)	-0.264 vs +0.032	-0.296 [-0.579, -0.014]	-0.296 [-0.554, -0.039] (p=0.0241)	-0.296 [-0.527, -0.066]	Sign reversal (-0.296): Noninferiority failed on parent ECBI at T2 but succeeded on all 4 teacher scales

Note. Δg = g_parent − g_second is computed from unrounded channel estimates prior to three-decimal display rounding (e.g., B05: +0.2487 − [−0.2467] = +0.495; B08: +0.6054 − 0.0977 = +0.508; B09: +0.2566 − 0.0502 = +0.206) with exact partial-overlap covariance propagation.

S1.5. Outcome-Level Cochrane RoB 2 and RoB 2 CRT Appraisal Matrix

Table S4. Outcome-Specific RoB 2 and RoB 2 CRT Domain Judgements

Cohort [Ref.]	Tool & Design	Evaluated Channel(s) & N	D1	D2	D3: Missing Data	D4: Measurement	D5	Overall Judgement
Reardon 2026b [iCATS-i2i] [28]	RoB 2 CRT (84 schools)	Ch 1: Parent SCAS-8-P (N=308)	Low	Low	Some Concerns (75% ret.)	High (Unmasked parent)	Low	High (Domain 4)
Reardon 2026b [iCATS-i2i] [28]	RoB 2 CRT (84 schools)	Ch 2a: Classroom Child (N=352) & Ch 3: Teacher (N=358)	Low	Low	Low (86–88% ret.)	Low (Independent school frame)	Low	Low
Reardon 2026a [MYCATS] [29]	RoB 2 CRT (95 schools)	Ch 1: Parent PAS (N=679)	Low	Low	Low (78.5% ret., MI)	High (Unmasked parent)	Low	High (Domain 4)
Reardon 2026a [MYCATS] [29]	RoB 2 CRT (95 schools)	Ch 6: Clinician ADIS-P (N=622)	Low	Low	Some Concerns (71.9% ret.)	High (Same unmasked parent + 13% unblinded)	Low	High (Domain 4)
Morgan 2017 [Cool Little Kids] [31]	RoB 2 Individual	Ch 1: Parent PAS-R/SDQ (N=345) & Ch 6: OAPA (N=319)	Low	Low	Some Concerns (74–80% ret.)	High (Unmasked parent narrative)	Low	High (Domain 4)
Donovan & March 2014 [BRAVE] [32]	RoB 2 Individual	Ch 1: Online Survey (N=48) & Ch 6: Phone ADIS-P (N=50)	Low	Low	Low (LOCF/96% phone)	High (Same unmasked parent)	Some Concerns (Table swap)	High (Domain 4)
Vigerland 2016 [BiP Anxiety] [33]	RoB 2 Individual	Ch 1: Parent SCAS-P (N=76) & Ch 6: ADIS (N=90)	Low	Low	Low–Some Concerns	High (Unmasked parent/composite)	Low	High (Domain 4)

Cohort [Ref.]	Tool & Design	Evaluated Channel(s) & N	D1	D2	D3: Missing Data	D4: Measurement	D5	Overall Judgement
Vigerland 2016 [BiP Anxiety] [33]	RoB 2 Individual	Ch 2a: Child SCAS-C (N=73)	Low	Low	Some Concerns (67% int vs 89% WL)	Some Concerns (Child did 4 modules vs WL)	Low	Some Concerns
Döpfner 2025 [WASH 3-Arm] [2]	RoB 2 Individual	Ch 1: Online SCL (N=318) & Ch 6: Phone DCL-EXT (N=367)	Low	Low	Some Concerns (73–85% ret.)	High (Parent account + 10 unmasked T3 ratings)	Low	High (Domain 4)
Havighurst 2024 [TIKOL] [16]	RoB 2 Individual	Ch 1: Parent (N=151) vs. Ch 3: Teacher SESBI-R (N=136)	Low	Low	Low (90% teacher ret.)	Ch 1: High / Ch 3: Low (Masked teacher)	Low	Ch 1: High / Ch 3: Low
Sanders 2012 [Triple P Online] [17]	RoB 2 Individual	Ch 1: Parent (N=107) vs. Ch 4: Clinic FOS Video (N=41)	Low	Low	Ch 1: Low / Ch 4: High (65% loss)	Ch 1: High / Ch 4: Low (Masked coders)	Low	Both High (D4 vs D3)
Baker 2017 [TPOL Brief] [34]	RoB 2 Individual	Ch 1: Parent (N=162) vs. Ch 4: Clinic PCPTOS (N=75)	Low	Low	Ch 1: Low / Ch 4: High (62% loss)	Ch 1: High / Ch 4: Low (Masked coders)	Low	Both High (D4 vs D3)
DuPaul 2026 [Project PEAK] [35]	RoB 2 Individual	Ch 1: Parent Conners (N=98) vs. Ch 4: Home Video+HTKS (N=94)	Low	Low	Some Concerns (75% ret., balanced)	Ch 1: High / Ch 4: Low (Masked coders + direct task)	Low	Ch 1: High / Ch 4: Some Concerns
Chanpen 2026 [Net PAMA] [36]	RoB 2 Individual	Ch 1: Parent (N=195) & Ch 2b: Forwarded Child Link (N=195)	Low	Some Concerns (290 vs 305 ITT)	Low (96% of 203)	High (Both Ch 1 & parent-mediated Ch 2b)	Some Concerns (Postd vs Interaction p)	High (Domain 4)
Sim 2020 [PaRK] [6]	RoB 2 Individual	Ch 1: RCADS-P (N=289) vs. Ch 2a: Child Portal (N=276)	Low	Low	Low (81% ret.; MMRM)	Ch 1: High / Ch 2a: Low (Separate portal + active info ctrl)	Low	Ch 1: High / Ch 2a: Low
Peng 2025 [Preschool eHealth] [23]	RoB 2 Individual	Ch 1: Parent Screen (N=181) vs. Ch 5: ActiGraph (N=181)	Low	Low	Some Concerns (76% ret.)	Ch 1: High / Ch 5: Low (Accelerometer)	High on Sleep rows (Quarantined)	Ch 1: High / Ch 5 Valid: Some Concerns
Hammersley 2019 [Time2bHealthy] [37]	RoB 2 Individual	Ch 1: Parent (N=78) vs. Ch 5: ActiGraph/BMI (N=53/78)	Low	Low	Ch 1: Low / ActiGraph: High (38% wear loss)	Ch 1: High / Ch 5: Low (Objective)	Low	Ch 1: High / BMI: Low / ActiGraph: High D3
Nyström 2017 [MINISTOP 1.0] [38]	RoB 2 Individual	Ch 1: Diet (N=263) vs. Ch 5: Wrist ActiGraph/BodPod (N=264)	Low	Low	Low (84–89% ret.)	Ch 1: High / Ch 5: Low (BodPod + wGT3X-BT)	Low	Ch 1: High / Ch 5: Low
Alexandrou 2023 [MINISTOP 2.0] [40]	RoB 2 Individual	Ch 1: Parent (N=503) vs. Ch 5: Nurse BMIz (N=503)	Low	Low	Low (91.1% ret.)	Ch 1: High / Ch 5: Low (Routine nurse BMIz)	Low	Ch 1: High / Ch 5: Low
Creswell 2024 [Co-CAT OSI] [4]	RoB 2 Individual	Ch 1: Parent (N=288) vs. Ch 2a: Child (N=234) vs. CAMHS TAU	Low	Low	Some Concerns (65% P / 53% C)	Some Concerns (Active unblinded CBT both arms)	Low	Some Concerns
Ghaderi 2018 [iComet vs FCU] [5]	RoB 2 Individual	Ch 1: Parent (N=231) vs. Ch 2a: Child SDQ (N=200)	Low	Low	Some Concerns (29% vs 78% adherence)	Some Concerns (Active comparator)	High for Teacher (N=203 omitted)	Some Concerns (Teacher: High D5)

Cohort [Ref.]	Tool & Design	Evaluated Channel(s) & N	D1	D2	D3: Missing Data	D4: Measurement	D5	Overall Judgement
Prinz 2022 [Online vs Staff] [3]	RoB 2 Individual	Ch 1: Parent ECBI (N=273) vs. Ch 4: Home Video (N=273) & Ch 3: Teacher (N=234)	Low	Low	Low (82% ret., MI)	Ch 1: Some Concerns (Differential F2F alliance) / Ch 3-4: Low	Low	Ch 1: Some Concerns / Ch 3-4: Low

Outcome-level appraisals separate measurement bias (D4) from subsample attrition (D3).

S1.6. Statistical Equations and Checklist for Interpretable Within-Trial Reporter Comparisons

1. Within-Informant Correlated Multi-Scale Composite Variance (Borenstein et al., 2009 [56]): When a trial reports m child subscales rated by the same informant channel with effect estimates g_1, ..., g_m and sampling variances V_1, ..., V_m, the composite point estimate is g_comp = (1/m) Σ g_i and its exact sampling variance under inter-scale correlation ρ = .50 is V_comp = (1/m²) [Σ_{i=1}^m V_i + Σ_{i≠j} ρ √(V_i V_j)].
2. Within-Trial Paired Informant Contrast and Partial-Overlap Covariance Propagation: Let g_P (variance V_P, analytical sample size N_P) denote the unmasked parent-proxy intervention effect and g_S (variance V_S, analytical sample size N_S) denote the second informant channel within the same assigned contrast. The within-trial informant contrast is Δg = g_P − g_S. Accounting for incomplete dyadic overlap between N_P and N_S, the effective cross-informant correlation between the two sample means is attenuated by the overlap factor r_eff = r · min(N_P, N_S) / √(N_P · N_S), yielding exact contrast variance Var(Δg) = V_P + V_S − 2 · r_eff · √(V_P · V_S), evaluated across r ∈ {.20, .35, .50}.
3. Requirements for an Interpretable Within-Trial Informant Comparison: Future digital parenting evaluations claiming corroboration or divergence across reporters should explicitly specify: (a) both first-hand informants, scorers, and whose behaviour/condition is described; (b) construct, item compatibility, directional polarity, ecological setting, and recall window; (c) arm-by-occasion eligible, observed, valid, and modelled rosters plus exact matched dyadic intersections and respondent continuity (e.g., whether the same mother or classroom teacher responded at baseline and follow-up); (d) ring-fencing of child and teacher digital links from parental device forwarding or co-reading; and (e) either a directly fitted multivariate mixed-model Informant × Treatment interaction or the empirical cross-reporter correlation matrix of change scores.