

# Causal Inference

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# Outline

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## CRFs and MaxEnt

- **Question:** “Can we interpret CRFs on a given graph trained by MLE as Cond. MaxEnt models where the graph structure is encoded in the feature function?”
- In a MaxEnt model, the choice of statistics you choose to match in the set of your constraints (which pairwise etc) define your graph structure

## Quality of Research Work

- **Question:** “To answer these questions, are there any deterministic measures? Or the judgement mainly comes from the research experience and intuition?”
- Experiments. Are they asking the right questions. When does their method excel/fail?
- Novelty is often about knowing prior work and using your internal model of how the authors’ idea might be adopted and used by others
- Reviewing papers is very subjective (NIPS Experiment)
- “57% of papers at NIPS would be rejected if one reran the conference review process (with a 95% confidence interval of 40-75%):”

## Why should we care about causal inference?

- Algorithms are becoming more and more prevalent in our daily lives whether we like it or not
- AI for Starcraft or compiling daily email : fairly harmless
- Which drug for a critically-ill patient received?
- Length of a person's prison sentence?
- These are asking *causal* questions! Important to know the limitations of the algorithms.

# Fairness in ML

- ProPublica: Machine Bias
- Code & Data for ProPublica Article
- Can we create algorithms that are transparent to inspection, fair and open to criticism
- Movement in ML: Fairness and Transparency in Machine Learning

# Potential Outcomes Framework

- Each unit  $x_i$  has two potential outcomes  $Y_0(x_i)$  (control outcome) and  $Y_1(x_i)$  (treated outcome)
- We only observed *one* of the outcomes for  $x_i$  during training
- Individual Treatment Effect (for personalized medicine)  
 $\mathbb{E}_{p(Y_1|x_i)}[Y_1|x_i] - \mathbb{E}_{p(Y_0|x_i)}[Y_0|x_i]$
- Average Treatment Effect (for drug effectiveness)  
 $\mathbb{E}[Y_1 - Y_0]$

# Assumptions

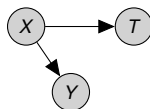
- No unmeasured confounding (aka ignorability, exchangeability)
  - Bad when the confounder affects treatment assignment and outcome
  - $(Y_0, Y_1) \perp\!\!\!\perp T | X$
- Common support (aka overlap, positivity)
  - If only males received no job training, and females did, then we would erroneously conclude that being female = jobs
  - $p(T = t | X = x) > 0 \forall t, x$



## In class

- **Key Challenge:** Controlling for confounding!
- Why supervised learning for  $p(y|x, t)$  isn't enough.
  - Can ignore  $t$
  - High-dimensional  $x$  can be challenging

# A simple causal graph



**Figure:** A simple causal graph that satisfies ignorability.  $T$  (Treatment),  $Y$  (Outcome),  $X$  (Features)

## Method 1: Matching

- Define  $d(\cdot, \cdot)$  a metric between  $x$  and  $j(i) = \arg \min_{js.t.t_j \neq t_i} d(x_j, x_i)$
- If treated, find closest control and vice versa
- $\hat{ITE}(x_i) = y_i - y_{j(i)}$  if  $i$  treated
- $\hat{ITE}(x_i) = y_{j(i)} - y_i$  if  $i$  control
- $\hat{ATE} = \frac{1}{n} \sum_i^n \hat{ITE}(x_i)$

## Matching: Yay or Nay

- Interpretable (for small samples)
- Non-parametric (no model)
- Relies on metric  $d$  (could be misled)

## A Technical Difficulty

- Matching created *artificial counterfactual* samples
- Estimate the average treatment effect from the (factual, matched counterfactual) tuples directly
- We cannot find a way to estimate  $\mathbb{E}[Y_0]$  directly
- Never observe it since in our data we only observe  $Y_0$  for patients who did not get treatment  $T = 0$
- Can we get around this?

## Method 2: Adjustment Formula - G formula

- Allows us to write the ATE as a function of quantities we can form empirical estimates for from data

$$\begin{aligned}\mathbb{E}[Y_0] & \text{(cannot estimate from data)} \\ &= \mathbb{E}_{p(x)} \mathbb{E}_{p(Y_0|x)}[Y_0|x] \\ &= \mathbb{E}_{p(x)} \mathbb{E}_{p(Y_0|x)}[Y_0|x, T = 0] \\ &= \mathbb{E}_{p(x)} \mathbb{E}[Y_0|x, T = 0]\end{aligned}$$

- Similarly,  $\mathbb{E}[Y_1] = \mathbb{E}_{p(x)}[Y_1|x, T = 1]$
- Both can be estimated from data
- ATE =

$$\mathbb{E}[Y_1 - Y_0] = \mathbb{E}_{p(x)}[Y_1|x, T = 1] - \mathbb{E}_{p(x)}\mathbb{E}[Y_0|x, T = 0]$$

## Are we there yet?

- ATE =  
$$\mathbb{E}[Y_1 - Y_0] = \mathbb{E}_{p(x)}[Y_1|x, T = 1] - \mathbb{E}_{p(x)}\mathbb{E}[Y_0|x, T = 0]$$
- Not quite.
- The issue is that our samples are biased (i.e we can only evaluate  $\mathbb{E}_{p(x|T=1)}$  and not  $\mathbb{E}_{p(x)}$ )
- How do we get around this?

# Propensity Score

- IPTW (Inverse Probability of Treatment Weighted) Estimator
- **Key Idea:** Form a parametric estimate of  $p(T|x)$
- Different factorizations of the joint via the chain rule:  
$$p(x|T=1)p(T=1) = p(x)p(T=1|x)$$
- Therefore use  $p(x) = p(x|T=1) \frac{p(T=1)}{p(T=1|x)}$  to re-weight samples



## What about now?

$$\text{Given: } p(x) = p(x|T=1) \frac{p(T=1)}{p(T=1|x)}$$

$$\mathbb{E}_{p(x|T=1)} \left[ \underbrace{\frac{p(T=1)}{p(T=1|x)}}_{\text{Weighting: } w(x)} \mathbb{E}[Y_1|x, T=1] \right]$$

$$\mathbb{E}_{p(x)} [\mathbb{E}[Y_1|x, T=1]]$$

- Now, we have a way to estimate the ATE!
- What about ITE?

## Method 3: Covariate Adjustment

- How do we estimate the individual treatment effect?
- Fit a model to approximate  $f(x, t) \approx \mathbb{E}[Y_t | T = t, x]$
- AKA Response surface modeling
- $\hat{ITE}(x_i) = f(x_i, 1) - f(x_i, 0)$
- $\hat{ATE} = \frac{1}{n} \sum_{i=1}^n f(x_i, 1) - f(x_i, 0)$
- If  $f$  is linear, then  $ATE$  is the parameter that modulates how the outcome behaves as a function of the treatment assignment

## Covariate Adjustment: Yay or Nay?

- Model misspecification is a problem
- Allows use of fancier ML models possible for causal inference (at the cost of a less interpretable ATE)
- Can be upgraded with doubly robust estimators

# Overview

- So far, we've talked about a very simplistic world with three random variables.
- What if we had many random variables and relationships between them?
- ① Introduce structural equation models (causality among random variables)
- ② SEMs equivalently written as causal graphs
- ③ How to estimate causal effects in a causal graph
- ④ What is a causal graph (I know... a bit backward... bear with me)
- ⑤ Can we identify an effect from a causal graph?

# Structural Equation Models (SEMs)

- Method by Rubin to formalize causal influence between multiple random variables
- Lets look at an example:

$$z \sim \mathcal{N}(0, 1)$$

$$y = z + 2$$

$$x = y + z + 12$$

- Collection of stochastic and deterministic relationships between random variables
- Nicely captures the intuition for causality e.g if  $y = 5$  then we set  $y = 5$  above and that gives us a *new* set of equations between  $x, z$

## Do-Operator on graphs

- Graphical version of causal inference with SEMs
- We will assume that we have a causal graph  $G$
- The do-operator is a combination of surgery on a graph  $G$  with probabilistic inference
- $p_G(Y|do(X = x))$
- Doing surgery on a graph  $G$  yields  $G'$ .
- $G'$  is a subgraph of  $G$  with no edges from  $pa(X) \rightarrow X$
- $p_G(Y|do(X = x)) = p_{\hat{G}}(Y|X = x)$  involves inference on the resulting subgraph  $\hat{G}$

# Causal Graphs

- A causal graph is a Bayesian network but a Bayesian network need not be a causal graph
- Why? Because we use domain knowledge and intuition to pre-specify directions of causality

## BN & Causal Graphs



- Intuitively: directionality of the edges encodes causal influence and consequently affects the result of causal query
- Formally, the two structures are *I-equivalent* but the result of do-calculus (from class, revisit this in a bit) yields different results



## Setting up the graph

- Think hard to make sure you have captured the random variables of interest
- Talk to a domain expert to setup the edges correctly (Remember: no hidden confounders!)

## Testing for Identifiability

- Given a causal graph  $G$  and a joint distribution over random variables
- Amongst the random variables we care about a particular query we will be asking of the graph
- **Key Question:** Is the causal effect identifiable from my data?
- Identifiable means that we can control for confounding
- Lets assume we want to estimate the effect of  $T$  causing  $Y$
- The intuition is that adequate control variables will block paths between  $T$  and  $Y$

## Back Door Criterion

- Back-door criterion: The observed variables  $X$  (features) d-separate all paths between  $Y$  (outcome) and  $T$  (treatment assignment) that end with an arrow pointing to  $T$
- In References, see document about Front-Door criterion

# Procedure

Approximate pseudocode for causal inference

- **Setup graph:**
  - Make sure no unobserved confounders exist
  - Use domain knowledge & common sense to setup graph structure
  - Check if causal effect is identifiable: front-door and back-door criterion
- **Estimate Parameters:** Parameterize CPDs and estimate model parameters from data (might need inference for latent variables)
- **Estimate ITE with do-calculus** (might need inference on intervened graph)

Warning: Not exhaustive but should give you the general idea

## Question: Unmeasured Confounders

- **Question:** “This means we can have a hidden factor that influences treatment outcome, as long as it does not influence treatment assignment, am I right?”
- In that example from the slides, the Back-Door criterion applies. Specifically, our post-treatment blood pressure is conditionally independent of our outcome given our covariates (age etc)

# Identifying Causal Direction



- Which is the causal direction  $X \rightarrow Y$  or  $Y \rightarrow X$
- The underlying intuition is that the causal direction has an *easier* distribution to estimate from data (Janzing (2007), Hoyer et. al (2009))

# References

- Causality, Judea Pearl (Book)
- Course Notes on Causality from Prof. Cosma Shalizi
- Datastories: Machine Bias with Jeff Larson
- Machine bias risk assessments in criminal sentencing