Causal Excursion Effects (Individual RL Algorithms)

Monday Afternoon Session Kelly Zhang and Susan Murphy

Just-In-Time Adaptive Interventions (JITAIs)

- Interventions that are delivered whenever and wherever needed
- Examples
 - Heartsteps
 - Oralytics
 - Sense2Stop
- Goal of Micro-Randomized Trial: To inform the design of JITAIs

Questions to Inform the Design of JITAI (from Susan's Heartsteps Slides)

- Do tailored activity suggestions have an effect at all?
- Do less and more burdensome activity suggestions work equally well?
- Does the effect of suggestions change over time? (e.g., do people get tired of them after a while?)
- When should we send suggestions for optimal effect?
 - Do they work better during certain parts of the day?
 - Do they work better when weather is good vs. bad?
- Is the suggestion effectiveness, including states in which they work, different for different types of people?

What is a Micro-Randomized Trial?

(1) Intervening on people repeatedly over an extended period of time

(2) Treatments or Actions $A_{i,t}$ are randomized.

States $S_{i,t}$ is a subset of Ω .

For each user $i \in [1:n]$,

or each user
$$i \in [1:n]$$
, Time-Varying Covariates $X_{i,t}$ is a subset of O_t

$$\underbrace{\left(O_{i,1},A_{i,1},Y_{i,2}\right)}_{D_{i,1}} \qquad \underbrace{\left(O_{i,2},A_{i,2},Y_{i,3}\right)}_{D_{i,2}} \qquad \dots$$

$$(O_{i,T}, A_{i,T}, Y_{i,T+1})$$
 $D_{i,T}$

(1) Randomize with a constant probability

• $A_{i,t} \sim \text{Bernoulli}(p)$

(2) Randomize with a constant probability when person is available

- HeartSteps V1: p=0.6 when not driving, walking, etc. otherwise, p=0
 - O Cannot answer any causal questions about "unavailable" times
- Drawback: User burden and habituation due to interrupting people in states for which they are not responsive.

(1) Ra

Data Collection Policy ->

- A
- What questions you can assess after study is over
- (2) Randomize with a constant probability when person is available
 - HeartSteps V1: p=0.6 when not driving, walking, etc. otherwise, p=0
 - O Cannot answer any causal questions about "unavailable" times
 - Drawback: User burden and habituation due to interrupting people in states for which they are not responsive.

(3) Randomization Depends on Person's State

- Interventions may only be useful in certain states
- Example: Mornings randomize with p=0.8 and evenings randomize with p=0.2
- Can be informed by prior data

Drawbacks:

- O Prior data not always available, or prior data from target population may not be available
- O Distribution shift and non-stationarity between prior data and MRT

(4) Stochastic Online Algorithm

- Rather than choosing a policy apriori, specify some objective that the decision making algorithm optimizes online
- **Example:** Use posterior sampling RL algorithm to bias the randomization in favor of actions that should maximize rewards (Heartsteps V2/V3)
- **Example:** Heartsteps anti-sedentary messages spread treatments uniformly across anti-sedentary times

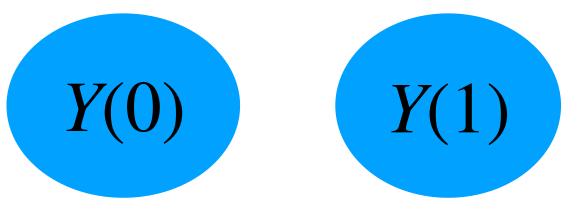
Suppose we ran an MRT...

Do the treatments differentially impact the proximal outcome?

- In certain states?
- For people with certain traits?
- On average?

Standard Treatment Effect

$$\mathbb{E}\left[Y(1) - Y(0) \mid X = x\right]$$



$$D_{i,t} \triangleq (O_{i,t}, A_{i,t}, R_{i,t+1})$$
 Longitudinal Patient Data

Algorithm UpdateData Collection

Patient 1
$$D_{1,1} \longrightarrow \hat{\pi}_{1,2} \longrightarrow D_{1,2} \longrightarrow \hat{\pi}_{1,3} \longrightarrow \dots \longrightarrow \hat{\pi}_{1,T} \longrightarrow D_{1,T}$$

Patient 2 $D_{2,1} \longrightarrow \hat{\pi}_{2,2} \longrightarrow D_{2,2} \longrightarrow \hat{\pi}_{2,3} \longrightarrow \dots \longrightarrow \hat{\pi}_{2,T} \longrightarrow D_{2,T}$
 $\vdots \qquad \vdots \qquad \vdots \qquad \vdots \qquad \vdots \qquad \vdots \qquad \vdots$

Patient $n D_{n,1} \longrightarrow \hat{\pi}_{n,2} \longrightarrow D_{n,2} \longrightarrow \hat{\pi}_{n,3} \longrightarrow \dots \longrightarrow \hat{\pi}_{n,T} \longrightarrow D_{n,T}$

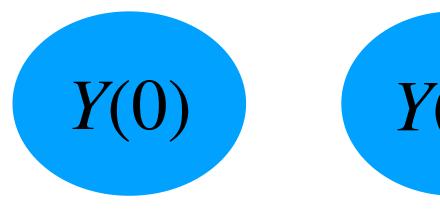
Outcomes are dependent over time within for each patient

Issues in the MRT setting...

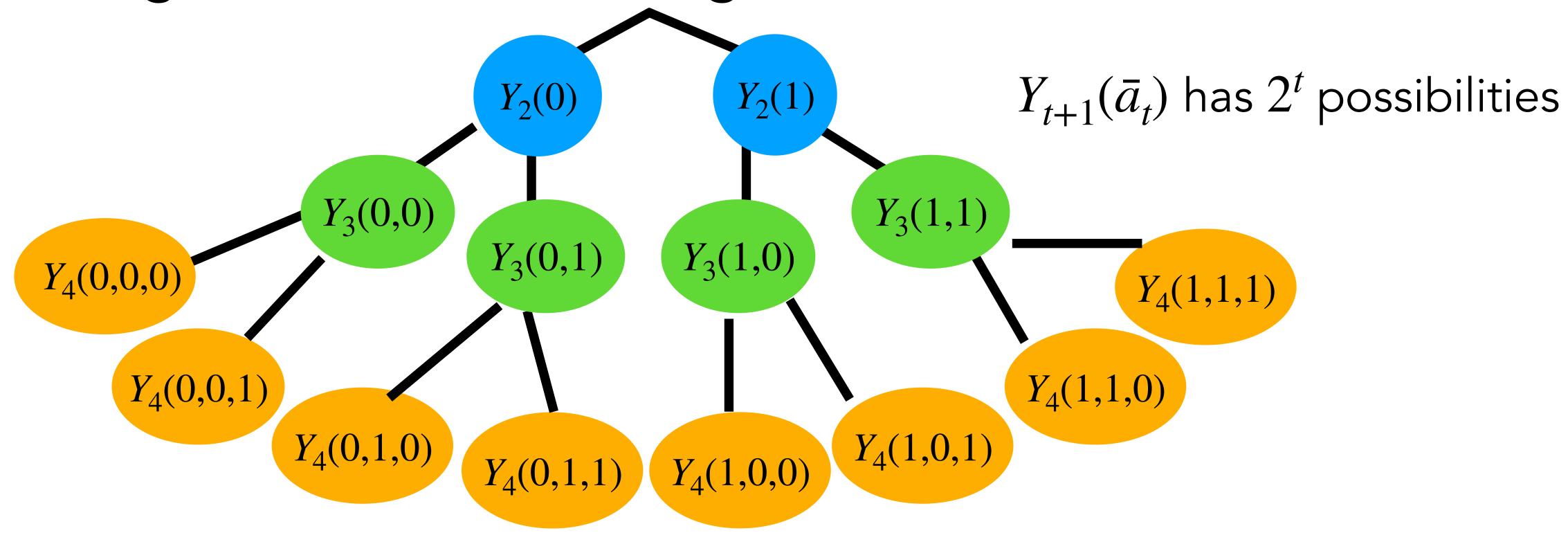
- Delayed effects of treatments
 - Responsiveness to treatment today depends on previous treatments
- Non-Stationarity
 - O Responsiveness to treatment changes over time

Not Captured by "Standard Treatment Effect"

$$\mathbb{E}\left[Y(1) - Y(0) \mid X = x\right]$$



Longitudinal Data Setting: Potential Outcomes



- (1) Patients (potential outcome tree) drawn i.i.d. from a population
- (2) Patients "tree" of potential outcomes:

$$\left\{O_{i,t}(\bar{a}_{t-1}), Y_{i,t+1}(\bar{a}_t) : \bar{a}_t \in \{0,1\}^t\right\}_{t=1}^T$$

Longitudinal Data Setting: Treatment Effects

Do the treatments differentially impact the proximal outcome on average given time-varying covariates x?

$$\mathbb{E}\left[Y_{t+1}(\bar{A}_{t-1},1) - Y_{t+1}(\bar{A}_{t-1},0) \,|\, X_t = x\right]$$
 where $\bar{A}_{t-1} = \{A_1,A_2,...,A_{t-1}\}$

Averages over randomness in

- (1) Draw of patient from population (potential outcomes)
- (2) Randomness in previous action selection \bar{A}_{t-1} , aka "behavior policy"

Interpretation as Causal "Excursion" Effects

$$\mathbb{E}\left[Y_{t+1}(\bar{A}_{t-1},1) - Y_{t+1}(\bar{A}_{t-1},0) \,|\, X_t = x\right]$$
 where $\bar{A}_{t-1} = \{A_1,A_2,...,A_{t-1}\}$

- ullet Above represents the effect of treating vs not treating given time-varying covariates x
 - O At time t, when the behavior policy is used to select previous actions \bar{A}_{t-1}
- Represents the effect of taking an "one time-step excursion" from the behavior policy

Inferential Goal: Causal Excursion Effect

$$\mathbb{E}\left[Y_{t+1}(\bar{A}_{t-1},1) - Y_{t+1}(\bar{A}_{t-1},0) \,|\, X_t = x\right] = f(x)^{\mathsf{T}}\theta$$
 where $\bar{A}_{t-1} = \{A_1,A_2,...,A_{t-1}\}$ and $f(x)$ is a feature mapping

We are interested in the best fitting linear model, i.e., some θ^{\star}

Small Group Discussion Questions

(1) Why might the state S_t used by an RL algorithm might be different from time-varying covariates X_t used in conditional excursion effects?

(2) Recall the model $\mathbb{E}\left[Y_{t+1}(\bar{A}_{t-1},1)-Y_{t+1}(\bar{A}_{t-1},0)\,|\,X_t=x\right]=f(x)^{\mathsf{T}}\theta.$ The HeartSteps RL algorithm had a different model of the rewards / outcomes. How is this coherent? What is the purpose of having an after study analyses model that is separate RL algorithm model?

(3) Are there other causal excursion effects that one might be interested in besides $\mathbb{E}\left[Y_{t+1}(\bar{A}_{t-1},1)-Y_{t+1}(\bar{A}_{t-1},0)\,|\,X_t=x\right]$?

We are given the following MRT dataset...

Simple behavior policy

- O If participant has been recently physically active, randomize with p=0.3
- Otherwise, randomize with p = 0.5

Task: We suppose the following model for the excursion effect

$$\mathbb{E}\left[Y_{t+1}(\bar{A}_{t-1},1) - Y_{t+1}(\bar{A}_{t-1},0) | X_t = x\right] = f(x)^{\mathsf{T}}\theta$$

How can we estimate some best fitting θ ?

Form a model for $\mathbb{E}\left[Y_{t+1} \mid H_{t-1}, X_{t}\right]$

We can form a model for Y_{t+1}

$$\mathbb{E}\left[Y_{t+1}(\bar{A}_{t-1}, A_t) | H_{t-1}, X_t, A_t\right] = g(H_{t-1}, X_t)^{\mathsf{T}} \eta + A_t f(X_t)^{\mathsf{T}} \theta$$

Model for excursion effect

$$\mathbb{E}\left[Y_{t+1}(\bar{A}_{t-1},1) - Y_{t+1}(\bar{A}_{t-1},0) | H_{t-1}, X_t\right] = f(X_t)^{\mathsf{T}}\theta$$

Model for baseline outcome

$$\mathbb{E}\left[Y_{t+1}(\bar{A}_{t-1},0) \mid H_{t-1}, X_{t}\right] = g(H_{t-1}, X_{t})^{\mathsf{T}} \eta$$

Fit model for $\mathbb{E}\left[Y_{t+1} \mid H_{t-1}, X_{t}\right]$

Least Squares Loss:

$$\mathscr{E}(H_{i,t};\eta,\theta) \triangleq \sum_{t=1}^{T} \left(Y_{i,t+1} - g(H_{i,t-1},X_{i,t})^{\mathsf{T}} \eta - A_{i,t} f(X_{i,t})^{\mathsf{T}} \theta \right)^{2}$$

Loss Minimizer:

$$(\hat{\eta}, \hat{\theta}) = \operatorname{argmin}_{\eta, \theta} \frac{1}{n} \sum_{i=1}^{n} \ell(H_{i,t}; \eta, \theta)$$

Equivalently $(\eta, \theta) = (\hat{\eta}, \hat{\theta})$ solves:

$$0 = \frac{1}{n} \sum_{i=1}^{n} \frac{\partial}{\partial(\eta, \theta)} \mathcal{E}(H_{i,t}; \eta, \theta) \Big|_{(\eta, \theta)}$$

Fit model for $\mathbb{E}\left[Y_{t+1} \mid H_{t-1}, X_{t}\right]$

Least Squares Loss:

$$\mathcal{E}(H_{i,t}; \eta, \theta) \triangleq \sum_{t=1}^{T} \left(Y_{i,t+1} - g(H_{i,t-1}, X_{i,t})^{\mathsf{T}} \eta - A_{i,t} f(X_{i,t})^{\mathsf{T}} \theta \right)^{2}$$

When do we expect the above approach to work well vs. not?

- Concern: When the model for outcome under $A_t=0$ is poorly specified $\mathbb{E}\left[Y_{t+1}(\bar{A}_{t-1},0)\,|\,H_{t-1},X_t\right]=g(H_{t-1},X_t)^{\mathsf{T}}\eta$
 - O η is a nuisance parameter
- Concern: Excursion effect model $\mathbb{E}\left[Y_{t+1}(\bar{A}_{t-1},1)-Y_{t+1}(\bar{A}_{t-1},0)\,|\,H_{t-1},X_t\right]$ depends other entries in H_{t-1} (besides X_t)

Estimation with Nuisance Parameter

Ideal Scenario: Estimate θ consistently even if our model for the baseline outcome $\mathbb{E}\left[Y_{t+1}(\bar{A}_{t-1},0) \mid H_{t-1},X_t\right] = g(H_{t-1},X_t)^{\mathsf{T}}\eta$ is wrong

Turns out this is possible!

High-Level Idea: Rewrite the estimation criteria so that misspecification of the baseline model does not affect the estimation of θ in the limit (Neyman orthogonalization)

Action Centering

Least Squares Loss:

$$\mathscr{C}(H_{i,t}; \eta, \theta) \triangleq \sum_{t=1}^{T} \left(Y_{i,t+1} - g(H_{i,t-1}, X_{i,t})^{\mathsf{T}} \eta - (A_{i,t} - \pi_{i,t}) f(X_{i,t})^{\mathsf{T}} \theta \right)^{2}$$

Why is this loss reasonable for estimating θ ?

•
$$\mathbb{E}\left[Y_{t+1}(\bar{A}_{t-1}, A_t) \mid H_{t-1}, X_t\right] = g(H_{t-1}, X_t)^{\mathsf{T}} \eta$$
 now model of **average** reward

•
$$\mathbb{E}\left[Y_{t+1}(\bar{A}_{t-1},1) - Y_{t+1}(\bar{A}_{t-1},0) | X_t\right] = f(X_t)^{\mathsf{T}}\theta$$

Critical Assumption: $\pi_{i,t}$ depends only on $X_{i,t}$

Why is adding action centering helpful?

$$\frac{\partial}{\partial \theta} \mathcal{E}(H_{i,t}; \eta, \theta) \triangleq \sum_{t=1}^{T} \left\{ Y_{i,t+1} - g(H_{i,t-1}, X_{i,t})^{\mathsf{T}} \eta - (A_{i,t} - \pi_{i,t}) f(X_{i,t})^{\mathsf{T}} \theta \right\} (A_{i,t} - \pi_{i,t}) f(X_{i,t})$$

$$\bullet \ \theta = \theta^* \text{ solves } 0 = \mathbb{E} \left[\frac{\partial}{\partial \theta} \mathcal{E}(H_{i,t}; \eta, \theta) \right]$$

- The solution θ^{\star} is not affected by η at all!!!
- Key observation:

$$\mathbb{E}\left[g(H_{i,t-1}, X_{i,t})^{\top} \eta \left(A_{i,t} - \pi_{i,t}\right) f(X_{i,t}) \middle| H_{i,t-1}, X_{i,t}\right]$$

$$= g(H_{i,t-1}, X_{i,t})^{\top} \eta \mathbb{E}\left[A_{i,t} - \pi_{i,t} \middle| H_{i,t-1}, X_{i,t}\right] f(X_{i,t}) = 0$$

Why is adding action centering helpful?

Why include $g(H_{i,t-1}, X_{i,t})^{\mathsf{T}}\eta$ in the model at all?

- Action centering ensures the limiting θ^{\star} is not affected by the model $g(H_{i,t-1},X_{i,t})^{\mathsf{T}}\eta$
- In small samples $\hat{\theta}$ could have lower variance if $g(H_{i,t-1},X_{i,t})^{\mathsf{T}}\eta$ helps reduce noise
- Can replace $g(H_{i,t-1}, X_{i,t})^{\mathsf{T}} \eta$ with neural network / random forest using double machine learning (large data setting) [Chernozhukov, 2018]

What if the MRT data was collected with an RL algorithm?

- ullet Complication is that $\pi_{i,t}$ no longer depends on just $X_{i,t}$, but also $H_{i,t-1}$
- Need to incorporate weights to ensure that action centering trick "works"
 - i.e., only need to assume that the excursion effect model is correct $\mathbb{E}\left[Y_{t+1}(\bar{A}_{t-1},1)-Y_{t+1}(\bar{A}_{t-1},0)\,|\,X_t\right]=f(X_t)^{\mathsf{T}}\theta$
- $\bullet \text{ Weights } W_{i,t} = \left(\frac{p(X_{i,t})}{\pi_{i,t}}\right)^{A_{i,t}} \left(\frac{1-p(X_{i,t})}{1-\pi_{i,t}}\right)^{1-A_{i,t}} \\ & \text{ See "Note on Excursion } \\ & \text{ Effects and Action Centering" } \\ & \text{ for formal justification } \end{aligned}$

$$(\hat{\eta}, \hat{\theta}) = \operatorname{argmin}_{\eta, \theta} \frac{1}{n} \sum_{i=1}^{n} \sum_{t=1}^{T} W_{i,t} \left\{ Y_{i,t+1} - g(H_{i,t-1}, X_{i,t})^{\mathsf{T}} \eta - (A_{i,t} - p(X_{i,t})) f(X_{i,t})^{\mathsf{T}} \theta \right\}^{2}$$