

### Announcements:

- **Zoom (check Ed for links, schedule, details), 10:00am-noon PT**
- Great opportunity to learn about each other's projects
- Attendance is mandatory
- Active articulation rewarded with extra credit
- **Upload your deliverables on Gradescope by Sunday 23:59pm PT**
  - **no late periods so that we can give you feedback and grades quickly**
    - Project Report
    - Presentation Video (and slides PDF if possible)
      - 5 minutes (no credit if longer)
    - Metadata (e.g. dataset info)

# Causal Inference I

## Introduction to Counterfactual Reasoning

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CS547 Machine Learning for Big Data

Tim Althoff



# Course Evaluation Announcement

- Course evaluation is out
  - <https://uw.iasystem.org/survey/243425>
  - Also see link on Ed (pinned)
  - Please fill out the form before June 7. Thanks!!!
- We appreciate your feedback!

# Overview of this week's lectures

- Overview of causal inference and counterfactual reasoning
- Slides based on KDD 2018 Tutorial by Emre Kiciman and Amit Sharma: <http://causalinference.gitlab.io/kdd-tutorial/>
- Additional resources
  - UW Econ 488: Causal Inference
  - [UW Stat 566: Causal Modeling](#)
  - Books
    - Pearl. Book of Why
    - Rosenbaum. Design of Observational Studies
    - Kiciman & Sharma. <https://causalinference.gitlab.io/> (free, in-progress)

# Plan for today:

## Introduction to Counterfactual Reasoning

When is prediction / big data not enough?

What is causality?

Potential Outcomes Framework

Unobserved Confounds & Simpson's Paradox

Structural Causal Model Framework



**When is prediction / big data not enough?**

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# Prediction is everywhere!

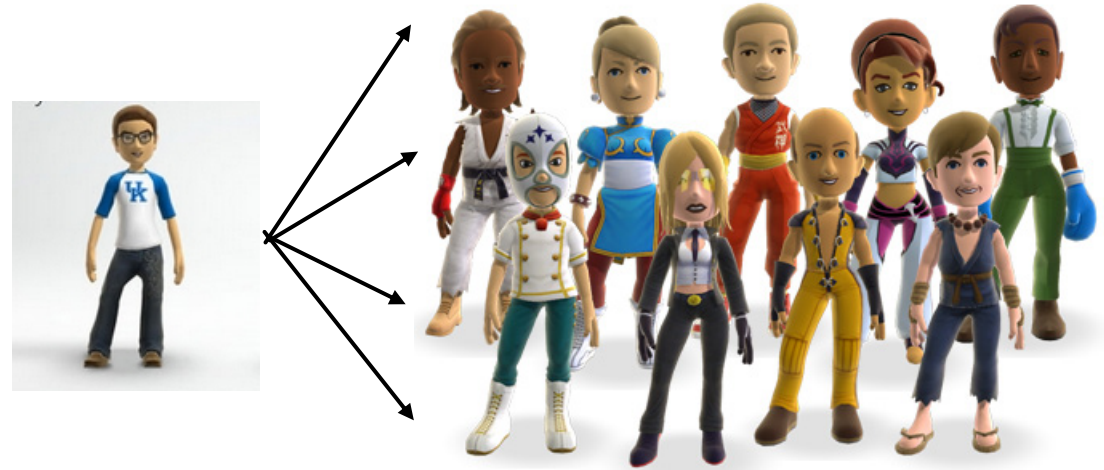
- Recommender Systems
  - Social Networks
  - ...
- 
- We have increasing amounts of data and highly accurate predictions! Why do we need causal inference?

# 1) Do prediction models guide decision-making?

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# From data to prediction

Can we predict a user's future activity based on exposure to their social feed?



Use the social feed to predict a user's future activity.

- Future Activity  $\rightarrow f(\text{items in social feed}) + \epsilon$

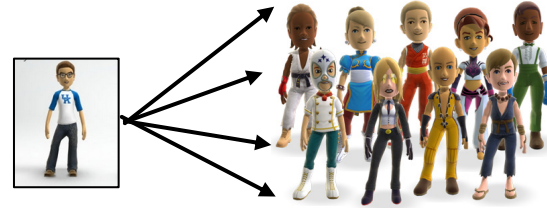
Highly predictive model.

Does it mean that feeds are influencing us significantly?

# From prediction to decision-making

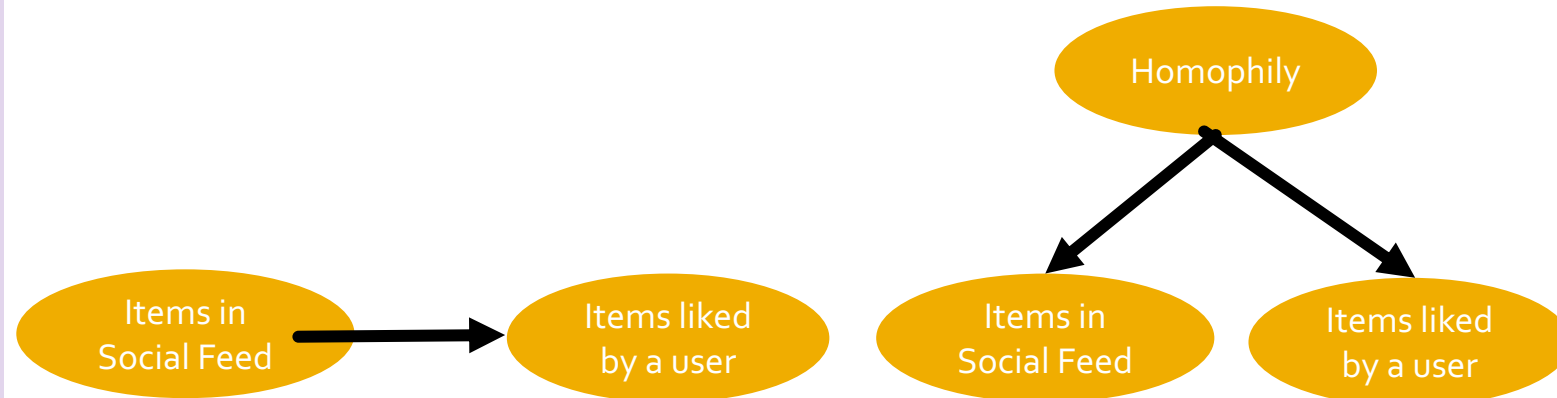
Would changing what people see in the feed affect what a user likes?

Maybe, maybe not (!)



Predictability due to  
**feed influence**

Predictability due to  
**homophily**

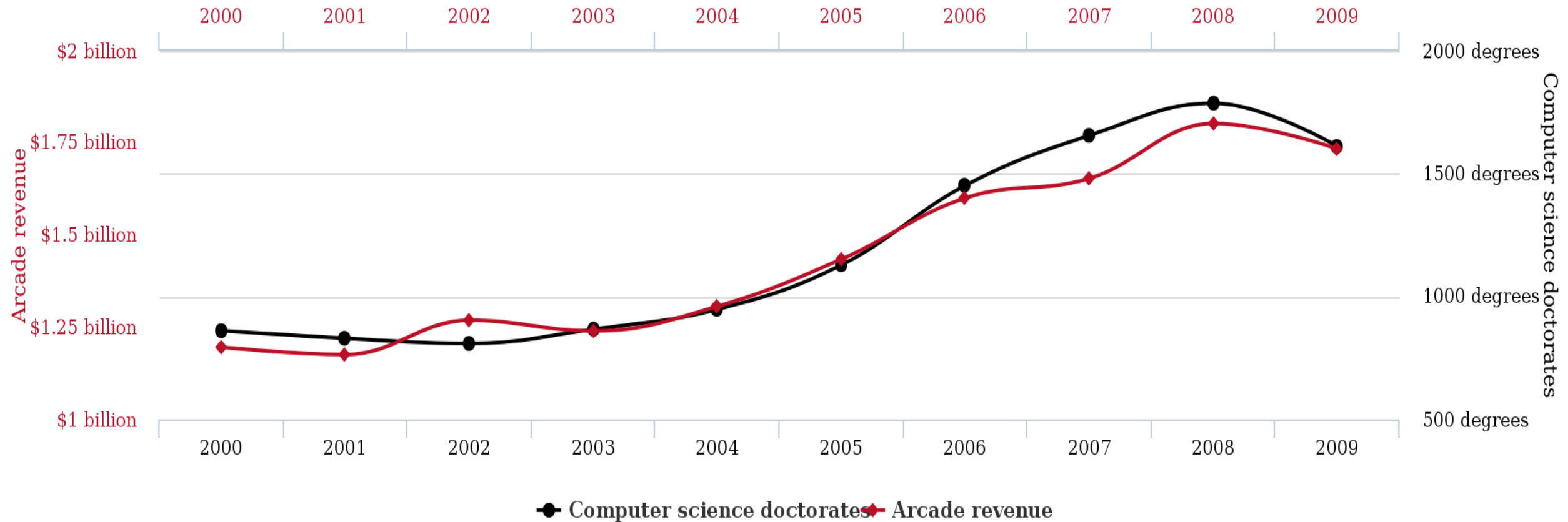


Friends' activity can predict a person's activity with high accuracy.  
But that tells us *nothing* about the effect of the social feed.

**2) Will the predictions be robust tomorrow, or in new contexts?**

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# Total revenue generated by arcades correlates with Computer science doctorates awarded in the US



tylervigen.com

<http://www.tylervigen.com/spurious-correlations>

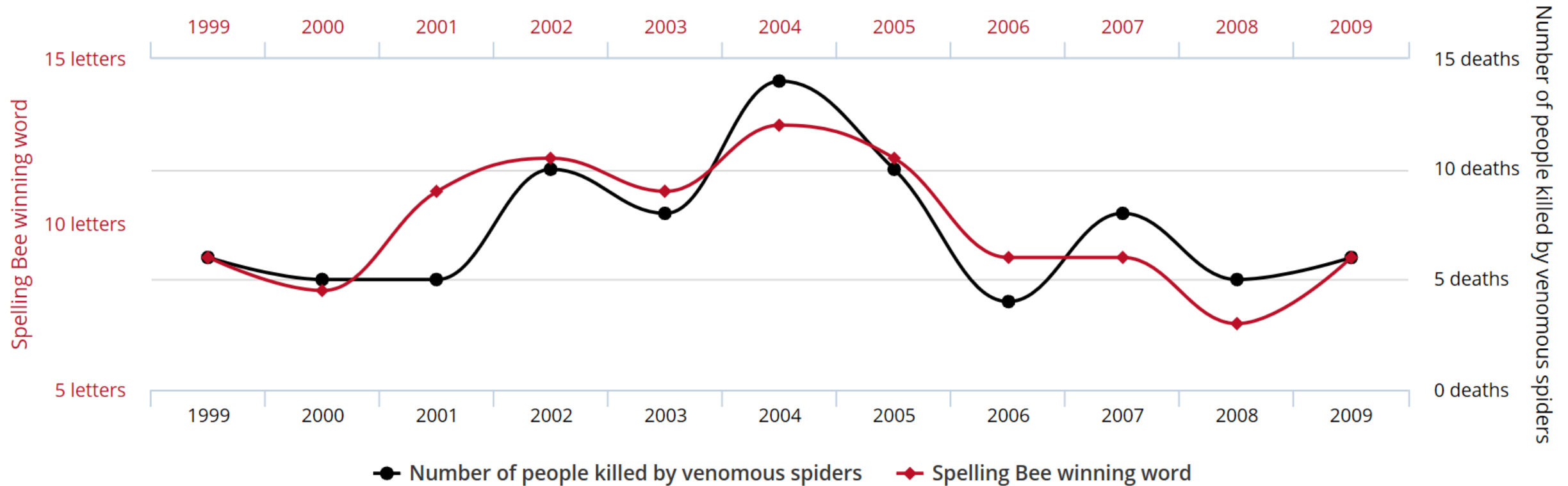
Tim Althoff, UW CS547: Machine Learning for Big Data, <http://www.cs.washington.edu/cse547>

# Letters in Winning Word of Scripps National Spelling Bee

correlates with

## Number of people killed by venomous spiders

Correlation: 80.57% ( $r=0.8057$ )



tylervigen.com

Data sources: National Spelling Bee and Centers for Disease Control & Prevention



### 3) What if the prediction accuracy is really high?

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# Interventions change the environment

- Train/test from same distribution in supervised learning
- No such guarantee in real life!
- Problematic: Acting on a prediction changes distribution!
  - Incl. critical domains: healthcare or adversarial scenarios.
- Connections to covariate shift, domain adaptation [Mansour et al. 2009, Ben-David 2007].



## 4) What if I have a ton of data?



# Big data to the rescue?

- “Look at how much data I had...”
  - “How could I be wrong? I used 3 billion data points!”
  - “This is just noise. All the problems will cancel out...”
- 
- Beware! You do need to worry about bias and variance!
  - **More data does not help you reduce bias!**
  - **Today: Sources of bias, how to model it, & what to do about it**

# The Reasonable Uneffectiveness of Big Data

- “The Unreasonable Effectiveness of Data”
  - By Alon Halevy, Peter Norvig, and Fernando Pereira at Google
  - Simple models + Lots of data work very well
- Now consider context of **causal inference**
  - Measurement error, confounding, and selection bias common threats to causal inference, are **independent of sample size**
  - When we **can't observe counterfactuals**, observing more data will not help us!

# Big Data does not address...

...common threats to causal inference, including:

1. **Construct validity**

- E.g. measurement error

2. **Internal Validity**

- E.g. confounding

3. **External Validity**

- E.g. selection effects

# Challenge 1: Construct Validity

- Def: Are you measuring what you think you are measuring?
  - Especially important operationalization of theoretical construct / new “sensor”  
(e.g. social media, linguistic proxy)
- How to demonstrate?
  - Convergent validity: Simultaneous measures of same construct correlate
  - Discriminant validity: Doesn't measure what it shouldn't

Big Data typically means little control over how anything was measured

# Challenge 2: Internal Validity

- Def: Soundness of research design
- What potential selection effects / confounding are there?
  - Is data missing non-randomly?
  - Could measurement be biased across key groups?
  - Does population change across multiple analyses (complicating comparisons)?



# Internal Validity (cont.)

- How robust are findings across different choices along the way?
  - How robust are results with respect to inclusion/exclusion of outliers?
- How many hypotheses are being tested?
  - May need to control false discovery rate
- Are distributional / parametric assumptions valid?
  - Consider non-parametric models and bootstrapping

Big Data typically means observational data, convenience samples, and no pre-registration

# Challenge 3: External Validity

- Def: Can findings be generalized to other situations and to other people?
- How biased is the study population?
  - Ex: “Internet Explorer users”
  - Ex: “Chrome latest beta users”
  - Ex: “Smartphone owner + health app installed”
  - Convenience samples can be WEIRD, especially motivated, lack key groups of interest, ...

Big Data typically means more data,  
but more of the same!

# Recap: Prediction is insufficient for choosing interventions, more data may not help!

How often do they lead us to the right decision?

- Unclear, predictive algorithms provide no insight on effects of decisions

Will the predictions be robust tomorrow, or in new contexts?

- Correlations can change
- Causal mechanisms are more robust

What if the prediction accuracy is really high? Does that help?

- Active interventions change correlations

Does Big Data save us?

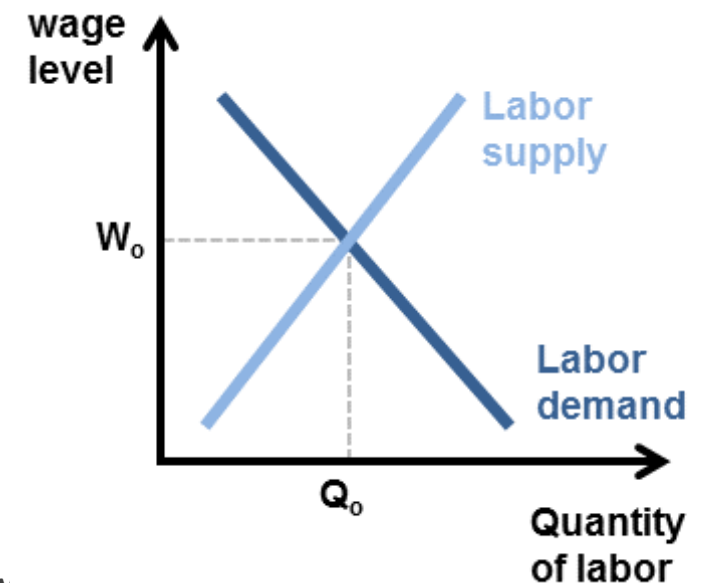
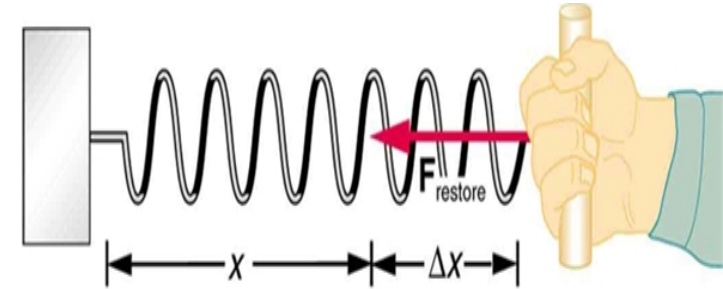
- More data doesn't necessarily help.
- Consider construct, internal and external validity when answering questions through data.

# What is causality?

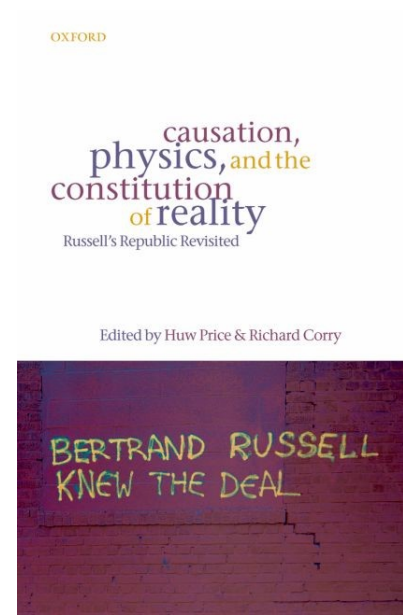
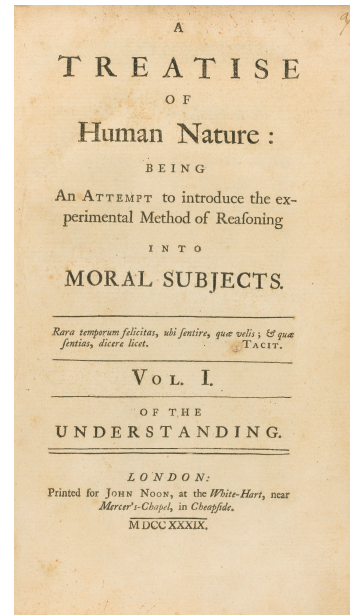
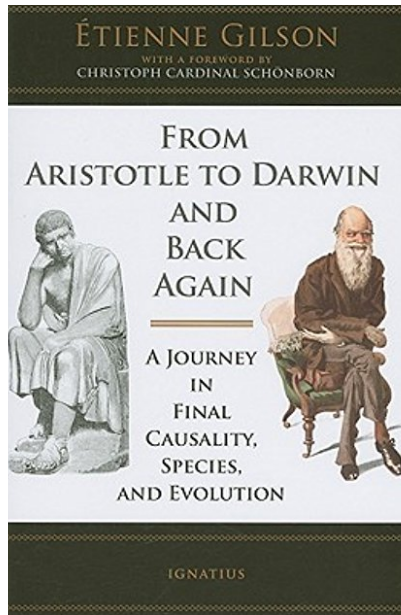
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# Cause and Effect

- Questions of cause and effect common in biomedical and social sciences
- Such questions form the basis of almost all scientific inquiry
  - Medicine: drug trials, effect of a drug
  - Social sciences: effect of a certain policy
  - Genetics: effect of genes on disease
- So what is causality?
- What does it mean to *cause* something?



# A big scholarly debate, from Aristotle to Russell



# What is causality?

- A fundamental question
- Surprisingly, until very recently---maybe the last 30+ years---we have not had a mathematical language of causation. We have not had an arithmetic for representing causal relationships.

*"More has been learned about causal inference in the last few decades than the sum total of everything that had been learned about it in all prior recorded history."*

--Gary King, Harvard University

# The Three Layer Causal Hierarchy

Pearl, Theoretical Impediments to Machine Learning with Seven Sparks from the Causal Revolution, arXiv:1801.04016v1. 11 Jan 2018

Level	Typical Activity	Typical Question	Examples
1. Association $P(y   x)$	Seeing	What is? How would seeing $X$ change my belief in $Y$ ?	What does a symptom tell me about a disease? What does a survey tell us about the election results?



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2. Intervention $P(y   do(x), z)$	Doing, Intervening	What if? What if I do $X$ ?	What if I take aspirin, will my headache be cured? What if we ban cigarettes?
3. Counterfactuals $P(y_x   x', y')$	Imagining, Retrospection	Why? Was it $X$ that caused $Y$ ? What if I had acted differently?	Was it the aspirin that stopped my headache? Would Kennedy be alive had Oswald not shot him? What if I had not been smoking the past 2 years?

# A practical definition

**Definition:** T causes Y iff  
changing T leads to a change in Y,  
*keeping everything else constant.*

The **causal effect** is the magnitude by which Y is changed by a unit change in T.

Called the “interventionist” interpretation of causality.

*\*Interventionist definition* [<http://plato.stanford.edu/entries/causation-mani/>]

# Keeping everything else constant: Imagine a *counterfactual* world

“What-if” questions

Reason about a world that does not exist.

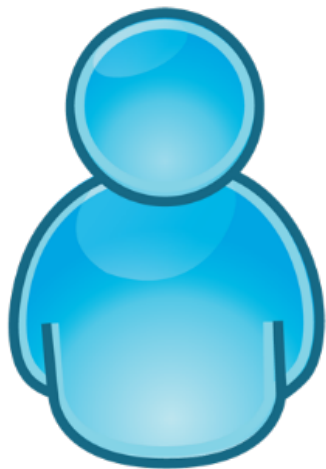


- What if a system intervention was not done?
- What if an algorithm was changed?
- What if I gave a drug to a patient?

# Potential Outcomes Framework

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# Potential Outcomes framework

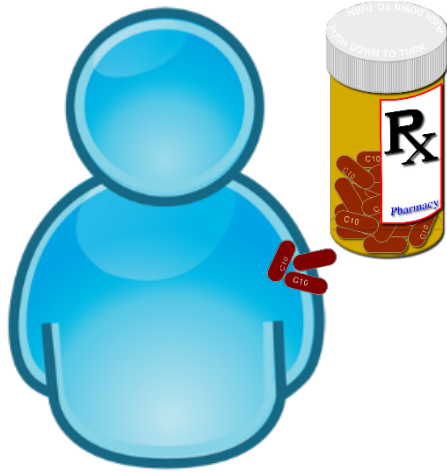


Alice



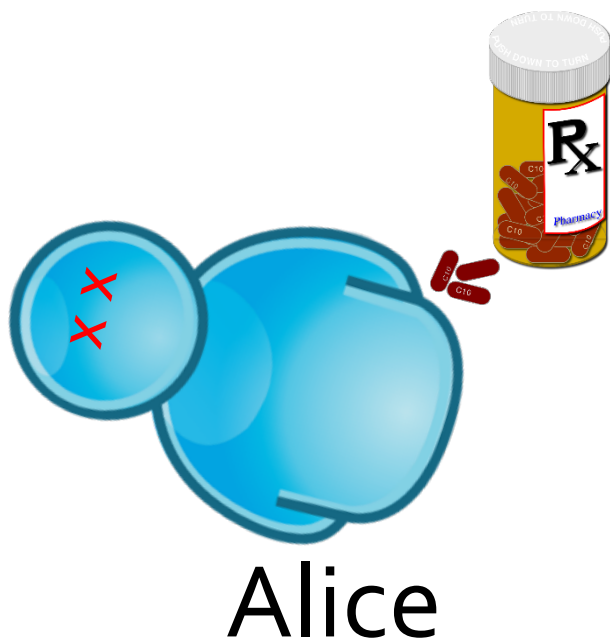
Treatment

# Potential Outcomes framework



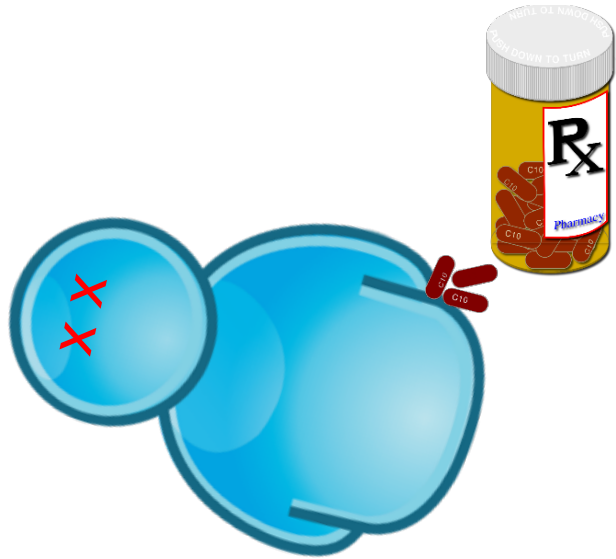
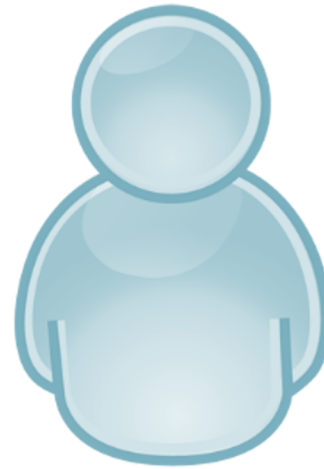
Alice

# Potential Outcomes framework





# Potential Outcomes framework: Introduce a counterfactual quantity

 $Y_{T=1}$  $Y_{T=0}$ 

Causal effect of  
treatment =  
 $E[Y_{T=1} - Y_{T=0}]$

Average Treatment Effect (ATE)

# Causal inference is the problem of estimating the counterfactual $Y_{t=\sim t}$

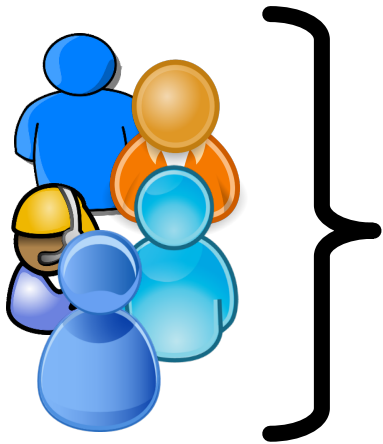
Person	T	$Y_{T=1}$	$Y_{T=0}$
P <sub>1</sub>	1	0.4	0.3
P <sub>2</sub>	0	0.8	0.6
P <sub>3</sub>	1	0.3	0.2
P <sub>4</sub>	0	0.3	0.1
P <sub>5</sub>	1	0.5	0.5
P <sub>6</sub>	0	0.6	0.5
P <sub>7</sub>	0	0.3	0.1


Causal effect:  $E[Y_{t=1} - Y_{t=0}]$

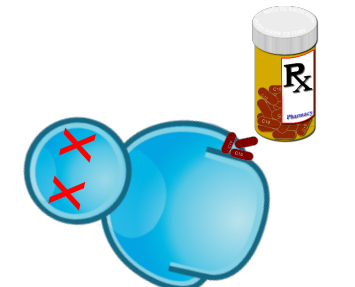
**Fundamental problem of causal inference:** For any person, observe only one: either  $Y_{t=1}$  or  $Y_{t=0}$

# Fundamental problem: counterfactual outcome is not observed

- “Missing data” problem
- Estimate missing data values using various methods
- $Y_{T=0}$  now becomes an estimated quantity, based on outcomes of other people who did not receive treatment




$$\hat{Y}^{T=0}$$


$$Y^{T=1}$$

# Randomized Experiments are the “gold standard”

One way to estimate counterfactual



# Experiments are not always possible!

In many cases, we cannot randomize / intervene / A-B test (cf. offline evaluation).

- **Practicality:** Exposure to treatment may be hard to manipulate
  - Ex: Environmental effects (air pollution)
- **Ethical concerns:** Known negative effects
  - Ex: Is suicide contagious?
- **Efficiency:** Experimental science is expensive and takes time
  - Ex: Studying impact on mortality 10 years later
- ...



# Experiments are not always possible!

In many cases, we cannot randomize / intervene / A-B test (cf. offline evaluation).

- **Practicality:** Exposure to treatment may be hard to manipulate

- Ex: Environmental effects (air pollution)

- **Ethical concerns:**

- Ex: ...

- **Efficiency:**

- and ...

- Ex: Study on impact on mortality 10 years later

■ ...

What can we do when an experiment is not possible?  
More on Thursday!



# What causal effects might you want to estimate?

- Before: ATE – Average Treatment Effect
  - $E[Y_{T=1} - Y_{T=0}]$
  - This is average causal effect across entire population
- ATE could be different on treated vs untreated group
  - Ex: Special Job Training -> Average Annual Earning
    - Not everyone needs that job training – Policymakers may be interested only in effect on low income population.
  - Ex: Hip Surgery -> Walking Ability
    - Doctors are not interested in effect of hip surgery on healthy population. What does it change for someone who has difficulty walking?
  - Often we care about particular populations!
- ATT – Average Treatment Effect **on the Treated**
  - $E[Y_{T=1} - Y_{T=0} \mid \mathbf{T}=\mathbf{1}]$

# Recap: Potential Outcomes Framework

- **Potential outcomes** reasons about causal effects by comparing outcome of treatment to outcome of no-treatment
- **The Fundamental Problem of Causal Inference:**  
For any individual, we cannot observe both treatment and no-treatment.
- **Randomized experiments** are one elegant solution, but not always possible
  - We'll discuss other solutions on Thursday



# Unobserved Confounds / Simpson's Paradox

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# Unobserved Confounds

- Which treatment should a doctor recommend for kidney stones?
- **Simpson's paradox:** After accounting for the confounder (stone size) the best choice reverses.
- Critical for decision making

Treatment A	Treatment B
78% (273/350)	83% (289/350)

Charig et al., BMJ 1986

# Recap: Unobserved Confounds

- Unobserved confounds are a threat to causal reasoning and to decision making

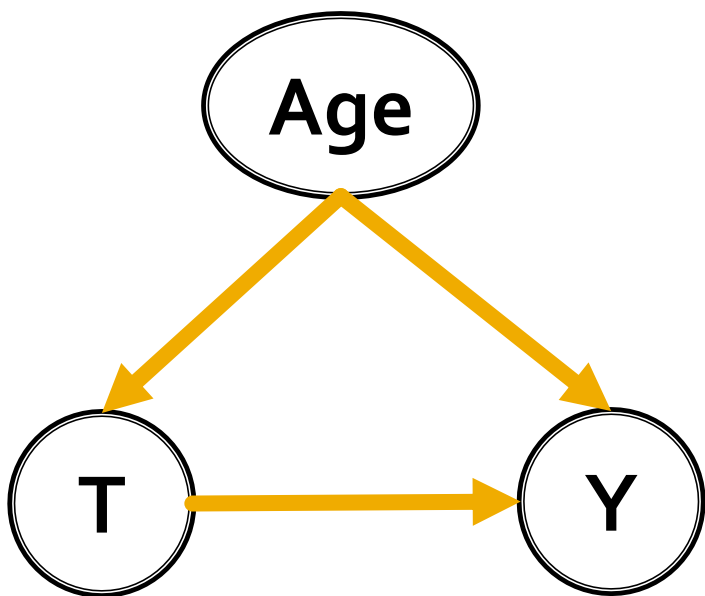
# Structural Causal Model Framework

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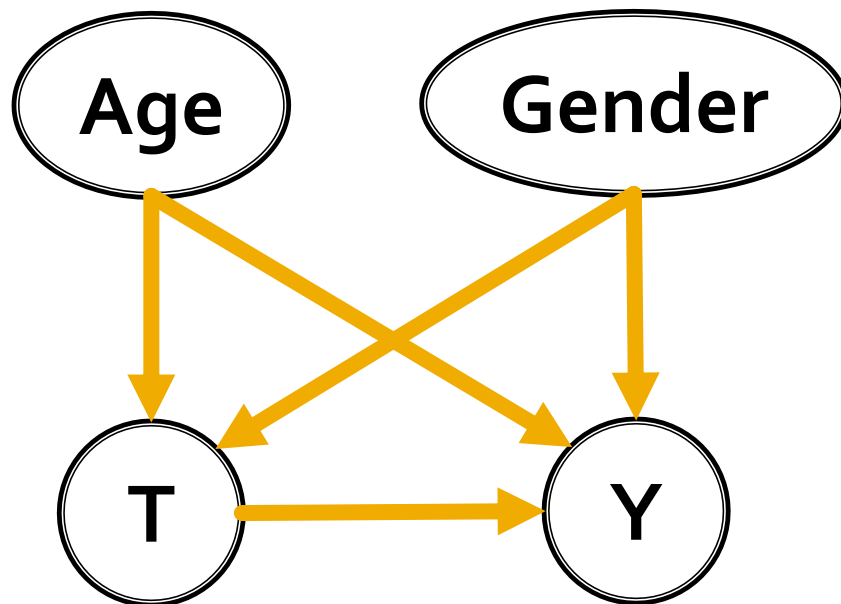
# Real world is complicated

- People may have inter-related characteristics
  - How are these characteristics associated with each other?
- Other factors can influence the observed outcome
  - How do they affect treatment and outcome?
  - Which ones to include?
- How to identify the causal effect in such cases?
- When is it possible to find a causal effect?
  - We can use graphical model framework to answer this

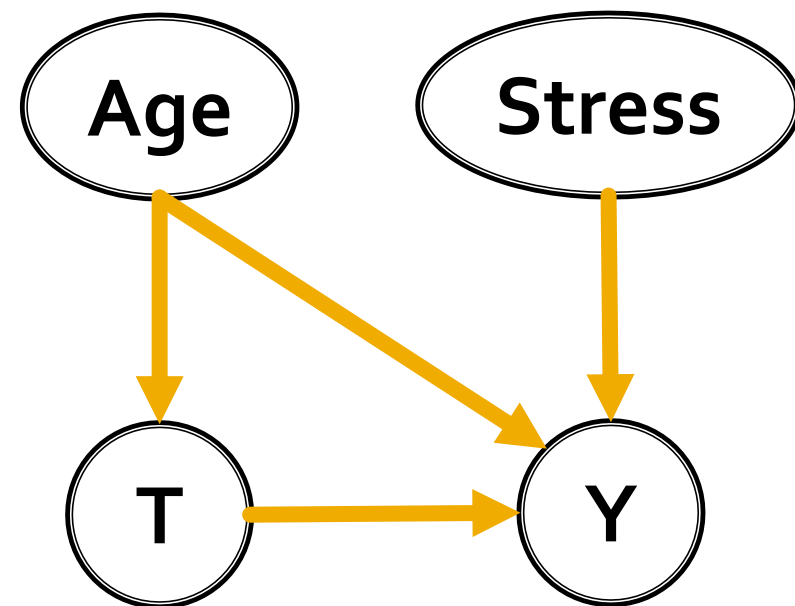
# Which variables to condition on?



$$X = \{Age\}$$

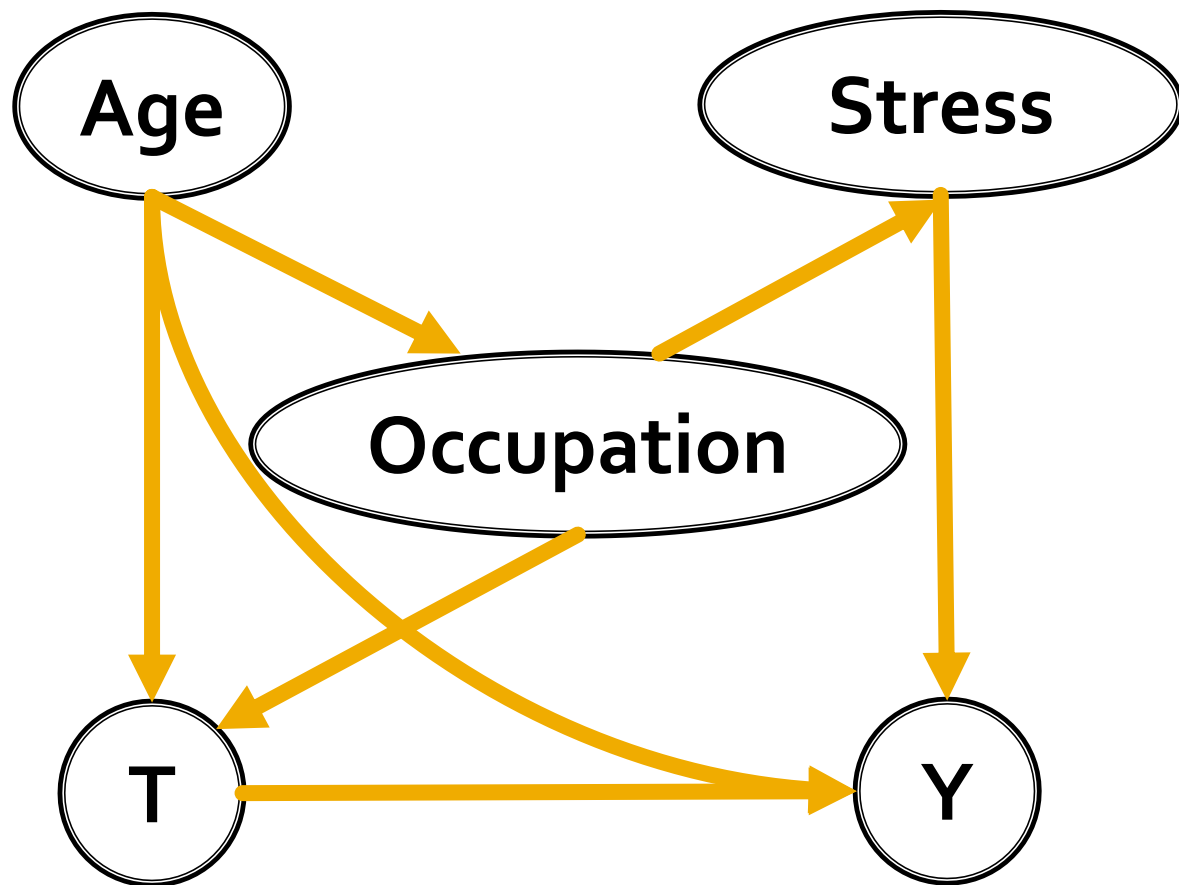


$$X = \{Age, Gender\}$$

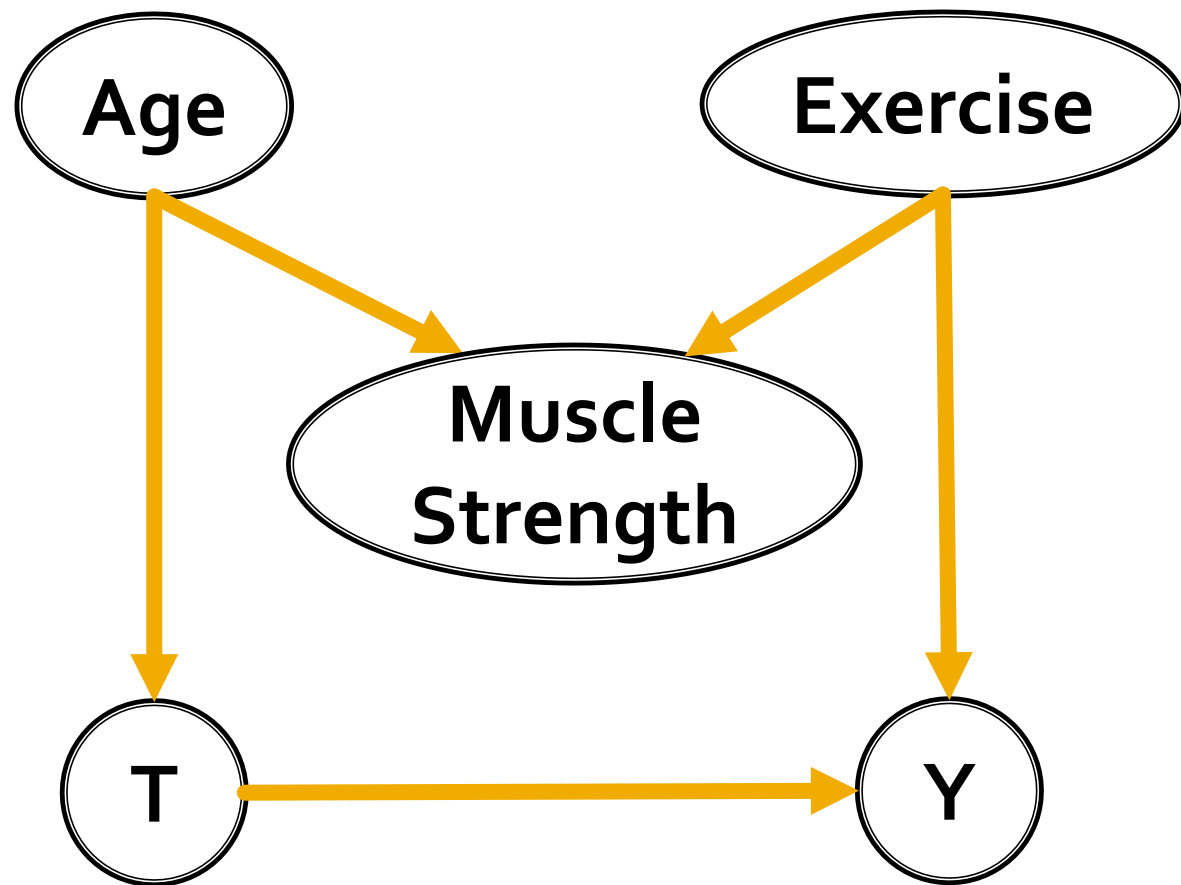


$$X = \{Age\}$$

# What about these?

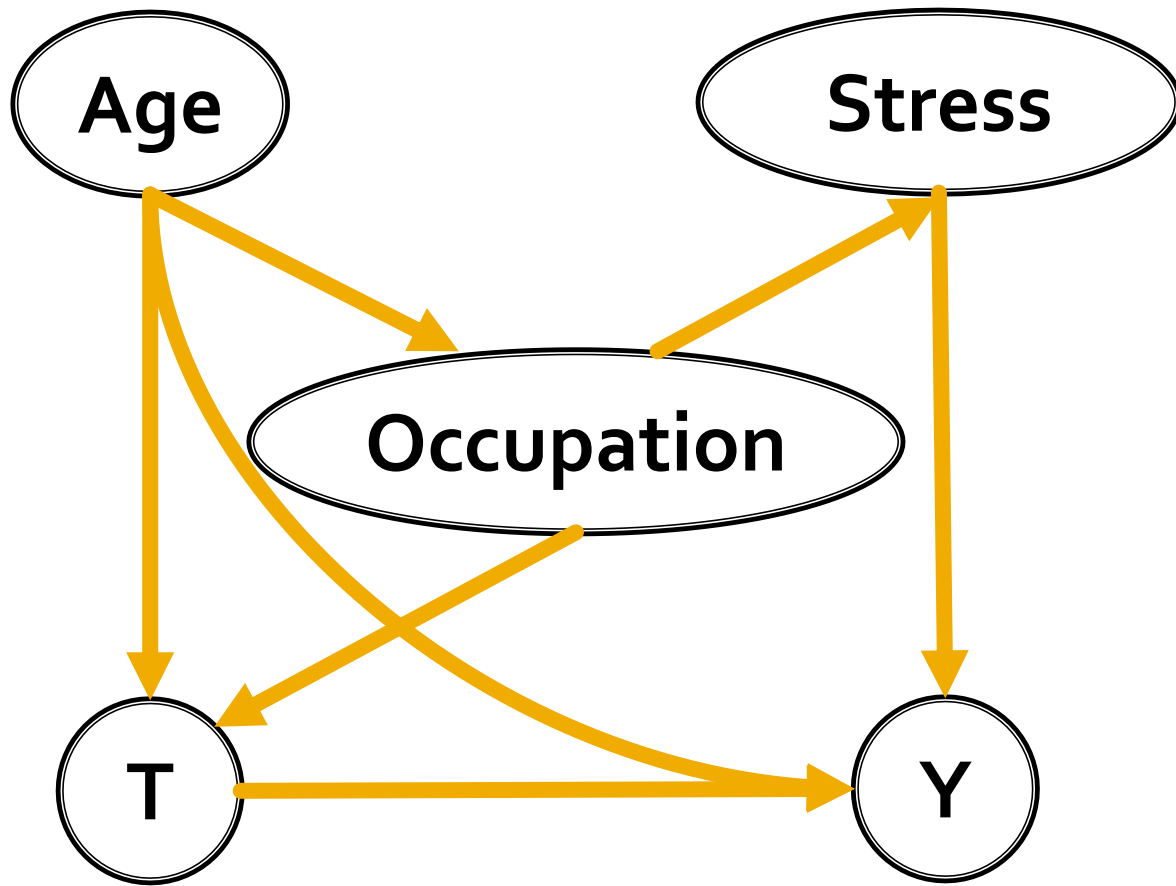


$X = ?$



$X = ?$

# Structural Causal Model: A framework for expressing complex causal relationships



Structural Equation Models with Random Errors  
u's are "error variables" or "exogenous variables"

$$\begin{aligned} \text{Occupation} &= h(\text{Age}, u_o) \\ \text{Stress} &= k(\text{Occupation}, u_s) \end{aligned}$$

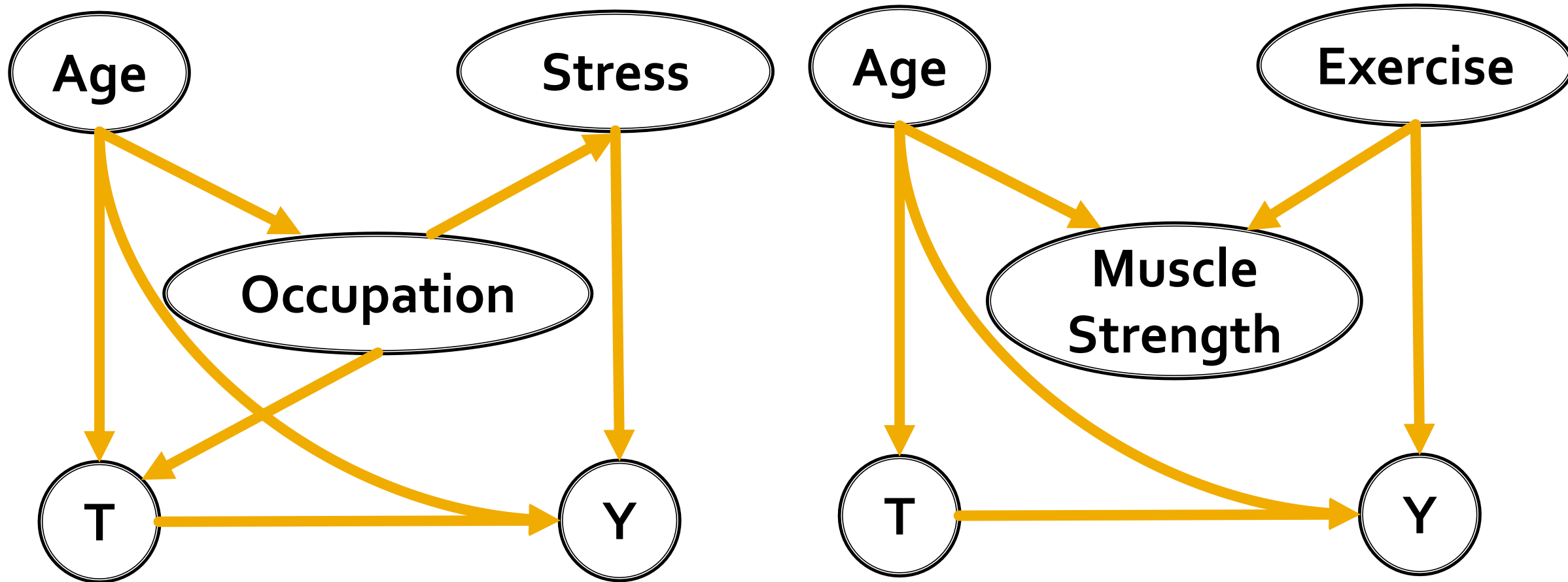
$$\begin{aligned} T &= g(\text{Age}, \text{Occupation}, u_t) \\ Y &= f(T, \text{Age}, \text{Stress}, u_y) \end{aligned}$$

Edges represent *direct* causes.

Directed paths represent *indirect* causes.

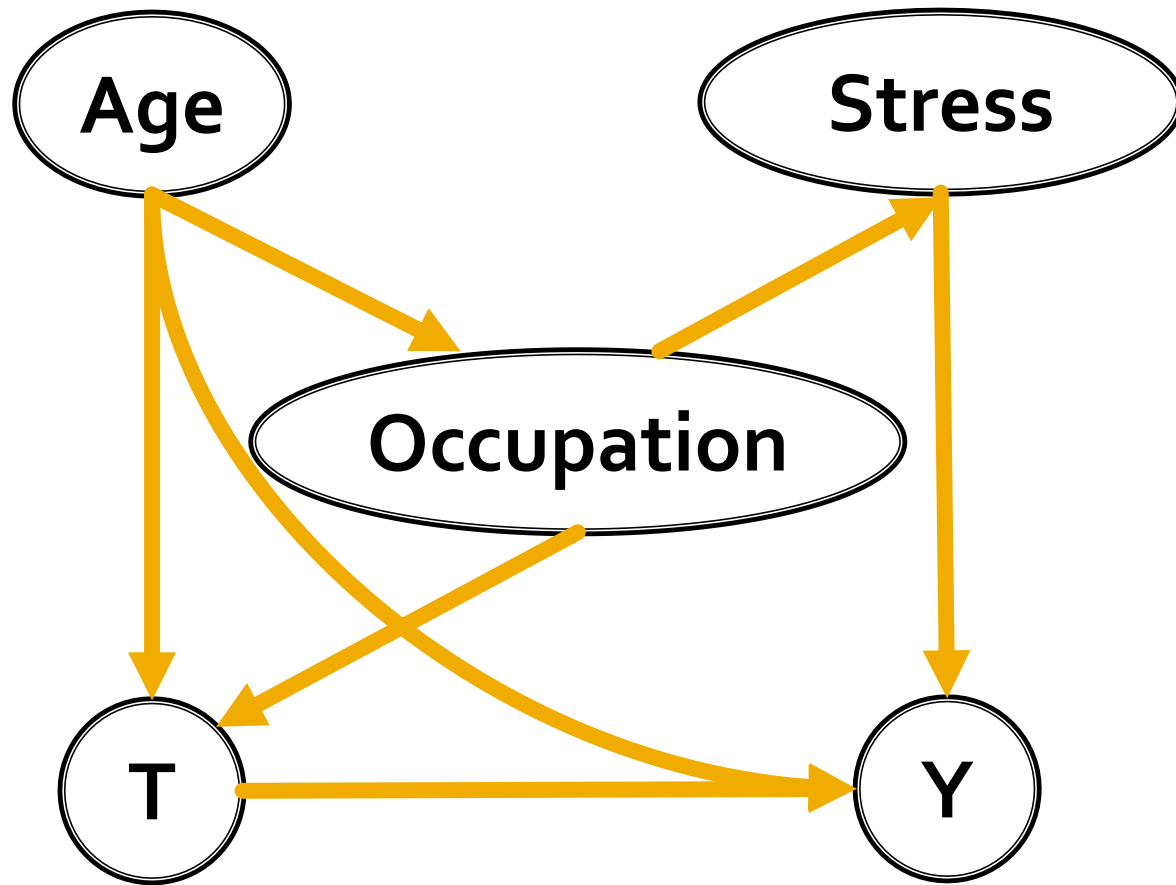


# Structural Causal Model makes assumptions explicit



The graph encodes all causal assumptions.

# Important: Assumptions are the edges that are *missing*



**Assumption 1:** Occupation does affect outcome Y.

**Assumption 2:** Age does not affect stress.

**Assumption 3:** Stress does not affect Occupation.

**Assumption 4:** Treatment does not affect stress.

*..and so on.*

**Condition for validity:** The graph reflects all relevant causal processes.

# Key Benefit (1) of SCM: Provides a language for expressing counterfactuals

*If a person was given treatment, what is the probability that he would be cured if he was not given treatment?*

$$P(Y = 1|T = 1, T = 0)$$

**Non-sensical.**

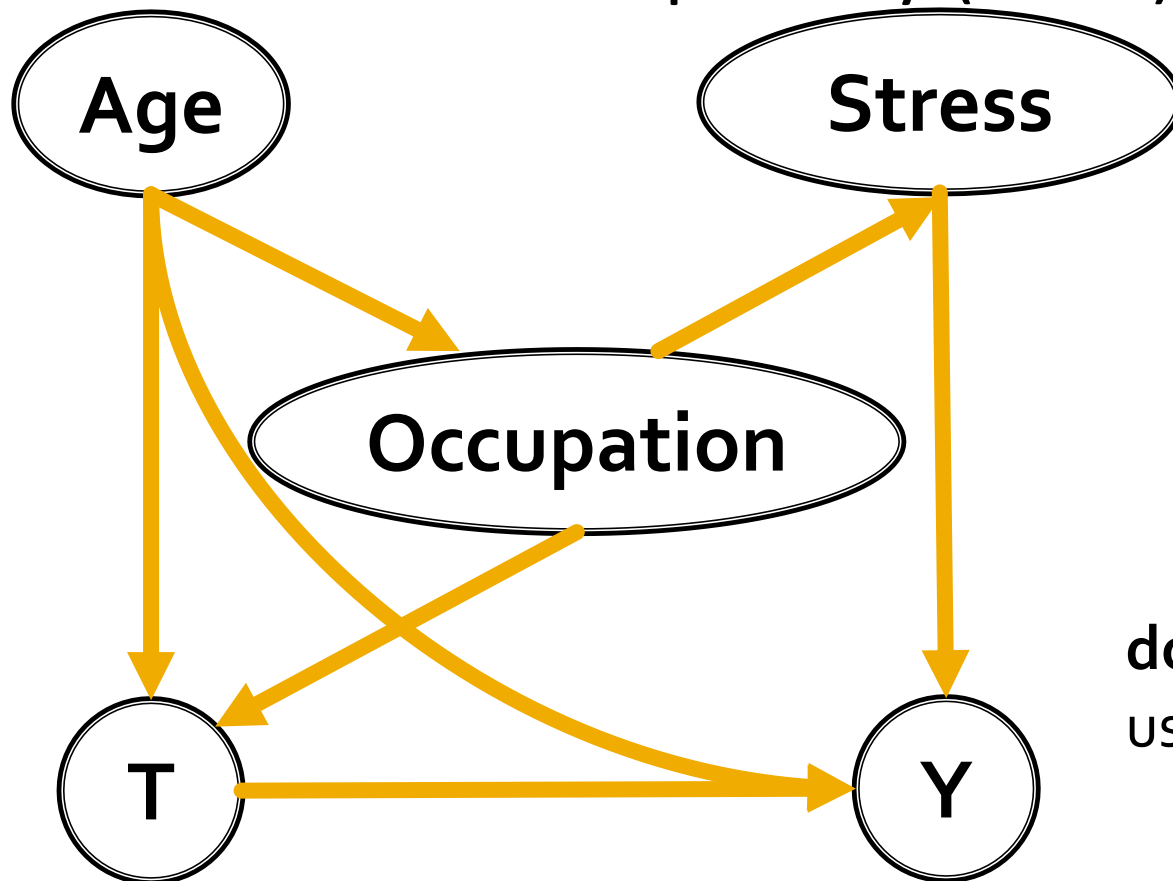
*Can write it as:*

$$P(Y_{T=0} = 1|T = 1), \text{ or } \\ P(Y = 1|T = 1, do(T = 0))$$

$P(Y|do(T))$  avoids confusion with  $P(Y|T)$

# Key Benefit 2 of SCM: Provides a mechanistic way of identifying causal effect

**do-calculus:** A rule-based calculus that can help identify any counterfactual quantity (Pearl)



E.g.,  
 $P(Y|do(T))$   
 $= \dots \text{do-calculus rules} \dots$

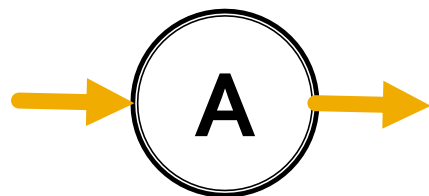
$$= \sum_{Age, Stress} P(Y|T, Age, Stress) P(Age, Stress)$$

**do-calculus is complete:** If we cannot identify using do-calculus, causal effect is unidentifiable.

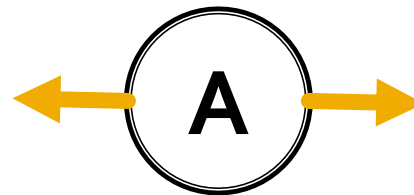
# Advanced Topic: Back-door criterion

Three kinds of  
node-edges

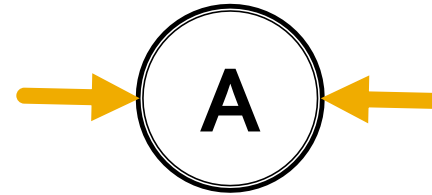
Path is  
“blocked”



If conditioned on X



If conditioned on X



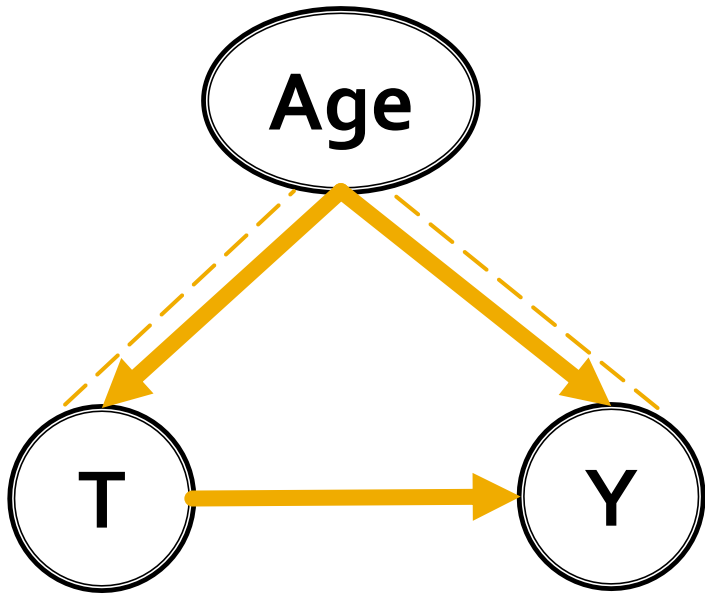
If **not** conditioned on X

“Back-door” path: Any undirected path that starts with  **T** and ends with  **Y**

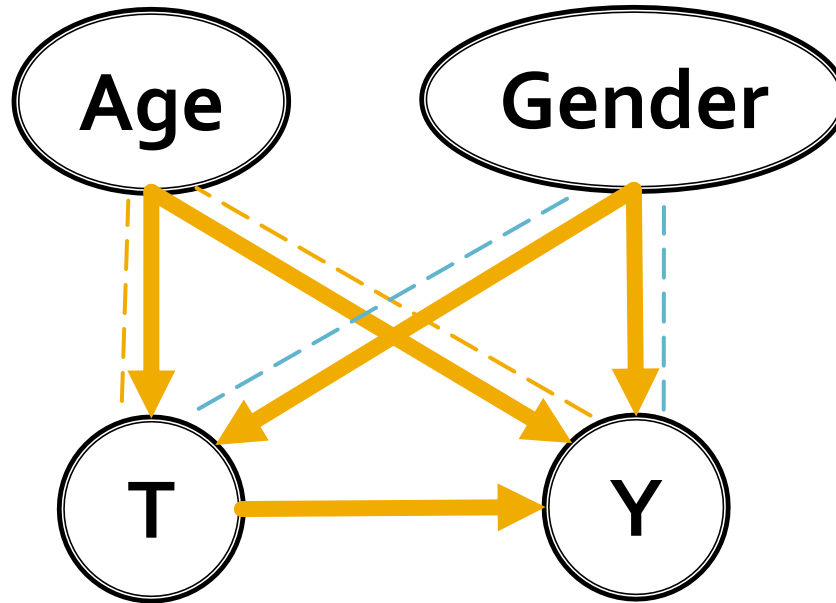
**Back-door criterion:** If conditioning on X blocks all back-door paths between treatment T and outcome Y, and X does not include any descendants of T, then

$$P(Y|do(T)) = \sum_x P(Y|T, X = x)P(X = x)$$

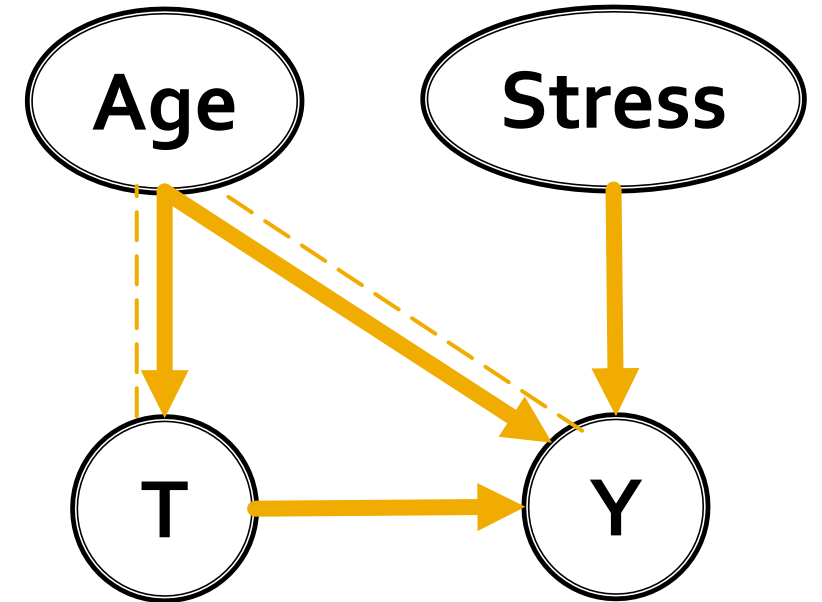
# Let us return to our examples



$$X = \{Age\}$$

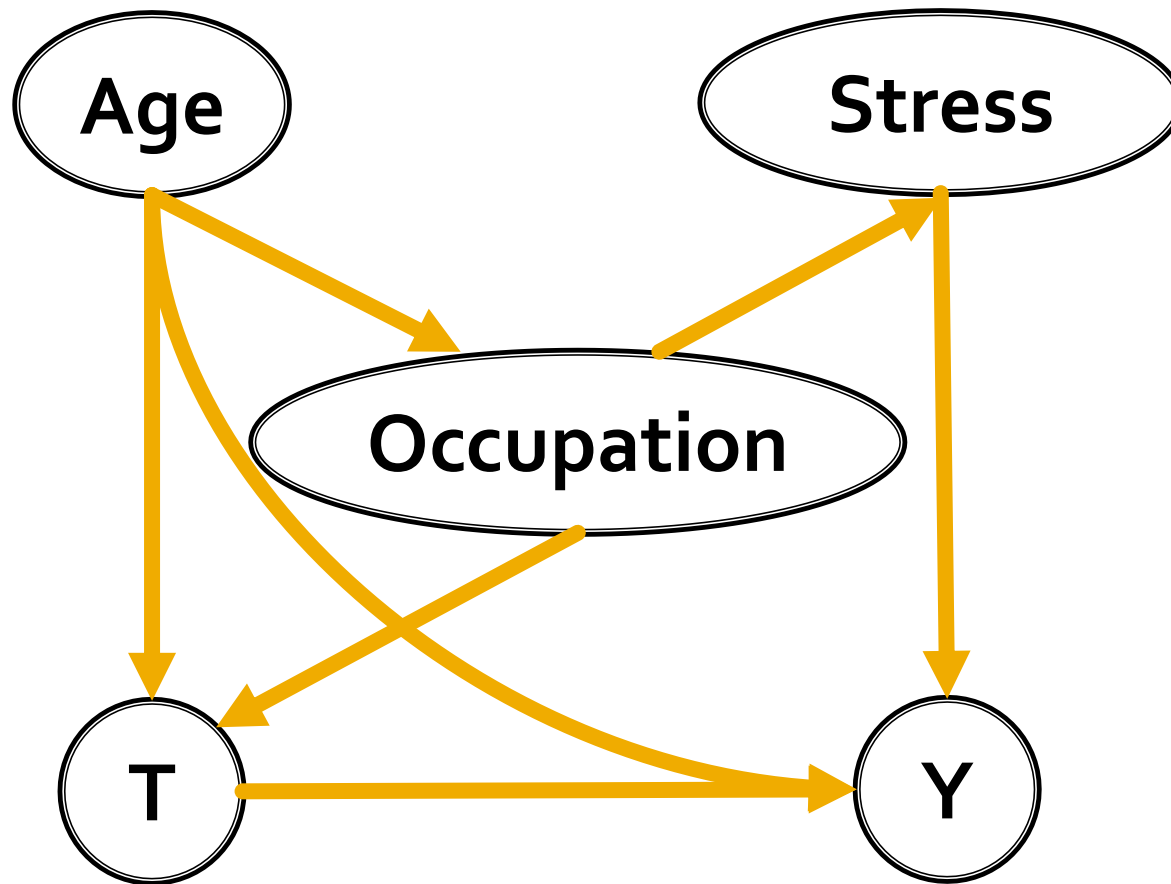


$$X = \{Age, Gender\}$$



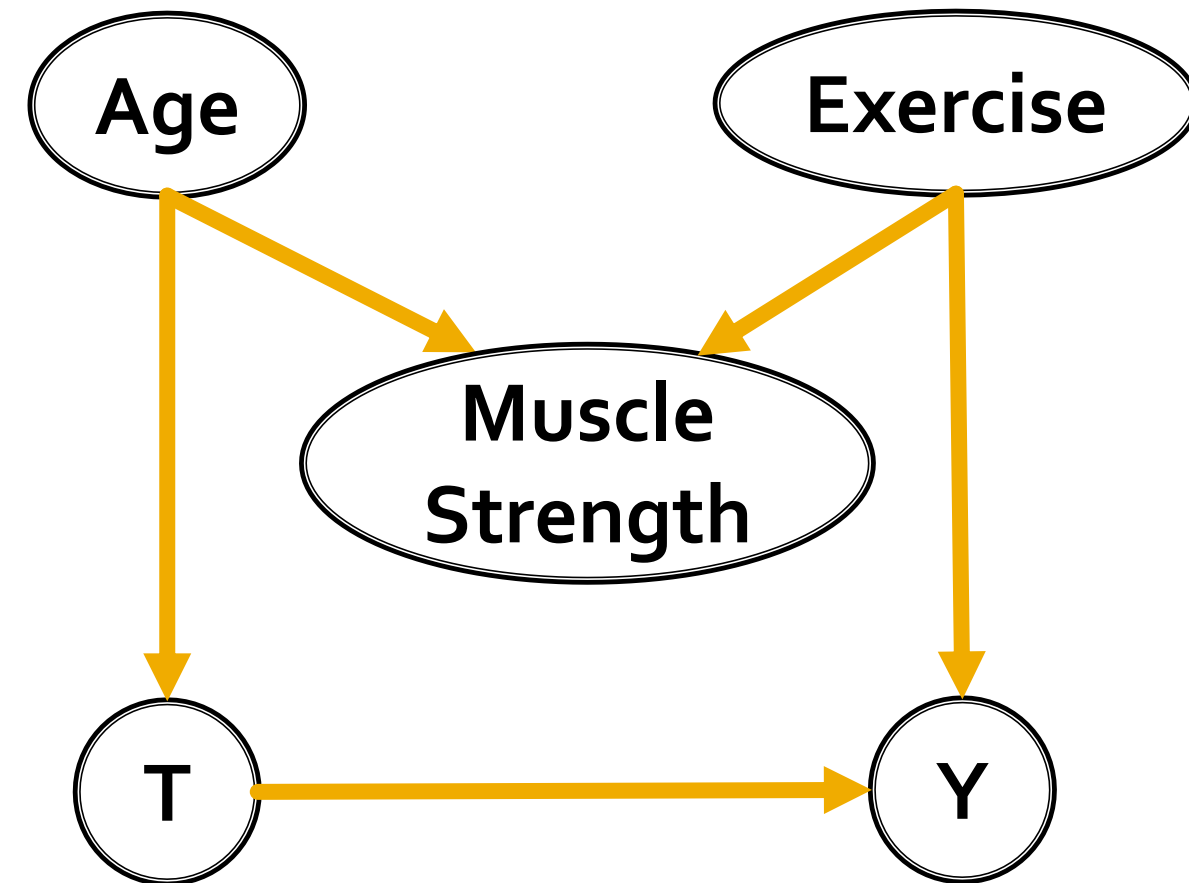
$$X = \{Age\}$$

# Back-door criterion provides a precise way to find variables to condition to



$$X = \{Age, Stress\}$$

$$X = \{Age, Occupation\}$$



$$X = \{ \}$$

$$X = \{MuscleStrength, Exercise\}$$

# Let's do the course evaluation right now

- <https://uw.iasystem.org/survey/243425>
- Your feedback makes a difference!
- Thank you!



# Both PO & SCM frameworks have merits

Use **structural causal model** and **do-calculus** for  
modeling the problem  
making **assumptions** explicit  
**identifying** the causal effect

Use **potential outcomes**-based methods for  
**estimating** the causal effect

# Recap: Structural Causal Models

- Allow us to make causal assumptions explicit
  - Assumptions are the missing edges!
- Provide language for expressing counterfactuals
- Well-defined mechanisms for reasoning about causal relationships
  - E.g., Backdoor criterion

# Recap of today:

- **Causality** is important for decision-making and study of effects
- **Big Data** does not necessarily address threats to causal inference
- **Potential Outcomes Framework** gives practical method for estimating causal effects
  - Translates causal inference into counterfactual estimation
- **Unobserved confounds** are a critical challenge
- **Structural Causal Model Framework** gives language for expressing and reasoning about causal relationships
- **On Thursday:** Methods for causal inference in observational data

