# Lecture 2 - Selection on Observables, DAGs, \& Bad Controls 

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Treatment Effects: The Basics

## A New Twist on the Disease Example ${ }^{1}$

|  | $D$ | $Y$ | $Y_{0}$ | $Y_{1}$ | $X$ |
| :--- | :---: | :---: | :---: | :---: | :---: |
| Aiden | 0 | 1 | 1 | 1 | Young |
| Bella | 0 | 1 | 1 | 1 | Young |
| Caden | 0 | 1 | 1 | 1 | Young |
| Dakota | 1 | 1 | 1 | 1 | Young |
| Ethel | 0 | 0 | 0 | 1 | Old |
| Floyd | 0 | 0 | 0 | 0 | Old |
| Gladys | 0 | 0 | 0 | 0 | Old |
| Herbert | 1 | 1 | 0 | 1 | Old |
| Irma | 1 | 0 | 0 | 0 | Old |
| Julius | 1 | 0 | 0 | 0 | Old |

Warmup Exercise: Calculate

1. ATE
2. $\mathbb{E}(Y \mid D=1)-\mathbb{E}(Y \mid D=0)$
3. TOT
4. Selection Bias

[^0]library(tidyverse)

```
people <- c("Aiden", "Bella", "Carter", "Dakota", "Ethel", "Floyd",
        "Gladys", "Herbert", "Irma", "Julius")
x <- c("young", "young", "young", "young", "old", "old",
        "old", "old", "old", "old")
y0 <- c(1, 1, 1, 1, 0, 0, 0, 0, 0, 0)
y1 <- c(1, 1, 1, 1, 1, 0, 0, 1, 0, 0)
d <- c(0, 0, 0, 1, 0, 0, 0, 1, 1, 1)
y <- (1 - d) * y0 + d * y1
tbl <- tibble(name = people, d, y, y0, y1, x)
rm(y0, y1, d, y, x, people)
```

\# ATE
ATE <- tbl |>
summarize(mean(y1 - y0)) |> pull()

ATE
\#\# [1] 0.2

```
# E(Y|D=1) and E(Y|D=0)
means <- tbl |>
```

```
group_by(d) |>
```

group_by(d) |>
summarize (y_mean $=$ mean $(y)$ )

```
summarize (y_mean \(=\) mean \((y)\) )
```

means
\#\# \# A tibble: 2 x 2
\#\# d y_mean
\#\# <dbl> <dbl>
\#\# 100.5
\#\# 2100.5

```
# Naive difference of means
naive <- means |>
    pull(y_mean) |>
    diff()
```

naive
\#\# [1] 0
\# TOT
TOT <- tbl |>
filter (d == 1) |>
summarize(mean(y1 - y0)) |> pull()

TOT
\#\# [1] 0.25

```
# Selection Bias
SB <- tbl |>
    group_by(d) |>
    summarize(y0_mean = mean(y0)) |>
    pull(y0_mean) |>
    diff()
```

SB
\#\# [1] -0. 25

## Solution

```
# Everything we've calculated
c(ATE = ATE, naive = naive, TOT = TOT, SB = SB)
```

| \#\# | ATE | naive | TOT | SB |
| ---: | ---: | ---: | ---: | ---: |
| \#\# | 0.20 | 0.00 | 0.25 | -0.25 |

- This revised version of the disease example still features selection into treatment.
- As a sanity check, notice that our results satisfy the "Fundamental Decomposition"

$$
\underbrace{\mathbb{E}(Y \mid D=1)-\mathbb{E}(Y \mid D=0)}_{\text {Observed Difference of Means }}=\underbrace{\mathbb{E}\left(Y_{1}-Y_{0} \mid D=1\right)}_{\text {TOT }}+\underbrace{\left[\mathbb{E}\left(Y_{0} \mid D=1\right)-\mathbb{E}\left(Y_{0} \mid D=0\right)\right]}_{\text {Selection Bias }}
$$

## Conditional Average Treatment Effects (CATEs)

|  | $D$ | $Y$ | $Y_{0}$ | $Y_{1}$ | $X$ |
| :--- | :---: | :---: | :---: | :---: | :---: |
| Aiden | 0 | 1 | 1 | 1 | Young |
| Bella | 0 | 1 | 1 | 1 | Young |
| Caden | 0 | 1 | 1 | 1 | Young |
| Dakota | 1 | 1 | 1 | 1 | Young |
| Ethel | 0 | 0 | 0 | 1 | Old |
| Floyd | 0 | 0 | 0 | 0 | Old |
| Gladys | 0 | 0 | 0 | 0 | Old |
| Herbert | 1 | 1 | 0 | 1 | Old |
| Irma | 1 | 0 | 0 | 0 | Old |
| Julius | 1 | 0 | 0 | 0 | Old |

Intuition
How do treatment effects vary with observed characteristics $X$ ?

Definition
$\operatorname{CATE}(x) \equiv \mathbb{E}\left(Y_{1}-Y_{0} \mid X=x\right)$

## Exercise

1. Compute CATE(Young)
2. Compute CATE(Old)
3. Relate these to the overall ATE.

Solution: No treatment effect for Young; positive effect for Old.

```
# Conditional ATEs
tbl |>
    group_by(x) |>
    summarize(CATE = mean(y1 - y0))
## # A tibble: 2 x 2
## x CATE
## <chr> <dbl>
## 1 old 0.333
## 2 young 0
```

But how can we relate the CATEs to the overall ATE of 0.2 ?

## Recall: Properties of Conditional Expectation $\mathbb{E}(W \mid X=x)$

## Definition

$$
\mathbb{E}(W \mid X=x) \equiv \sum_{\text {all } w} w \cdot \mathbb{P}(W=w \mid X=x)
$$

Linearity

$$
\begin{aligned}
\mathbb{E}(c W \mid X=x) & =c \mathbb{E}(W \mid X=x) \\
\mathbb{E}(W+Z \mid X=x) & =\mathbb{E}(W \mid X=x)+\mathbb{E}(Z \mid X=x)
\end{aligned}
$$

## The Law of Iterated Expectations²

In Words
The overall average is the sum of the group averages weighted by relative group size.
In Mathematics

$$
\mathbb{E}(W)=\mathbb{E}_{X}[\mathbb{E}(W \mid X)] \equiv \sum_{\text {all } x} \mathbb{E}(W \mid X=x) \mathbb{P}(X=x)
$$

Example

$$
\mathbb{E}\left(Y_{1}-Y_{0}\right)=\mathbb{E}\left(Y_{1}-Y_{0} \mid X=\text { Young }\right) \mathbb{P}(\text { Young })+\mathbb{E}\left(Y_{1}-Y_{0} \mid X=\text { Old }\right) \mathbb{P}(\text { Old })
$$

[^1]
## The Law of Iterated Expectations

```
group_stats <- tbl |>
    group_by(x) |>
    summarize(CATE_x = mean(y1 - y0), count = n()) |>
    mutate(p_x = count / sum(count))
group_stats
## # A tibble: 2 x 4
## x CATE_x count p_x
## <chr> <dbl> <int> <dbl>
## 1 old 0.333 6 0.6
## 2 young 0 4 0.4
```


## The Law of Iterated Expectations

```
# E[E(Y1 - YO | X)]
group_stats |>
    summarize(sum(CATE_x * p_x)) |>
    pull()
## [1] 0.2
# E(Y1 - YO)
tbl |>
    summarize(mean(y1 - y0)) |>
    pull()
## [1] 0.2
```

Wait, what is this lecture supposed to be about again?

|  | $D$ | $Y$ | $Y_{0}$ | $Y_{1}$ | $X$ |
| :--- | :---: | :---: | :---: | :---: | :---: |
| Aiden | 0 | 1 | 1 | 1 | Young |
| Bella | 0 | 1 | 1 | 1 | Young |
| Caden | 0 | 1 | 1 | 1 | Young |
| Dakota | 1 | 1 | 1 | 1 | Young |
| Ethel | 0 | 0 | 0 | 1 | Old |
| Floyd | 0 | 0 | 0 | 0 | Old |
| Gladys | 0 | 0 | 0 | 0 | Old |
| Herbert | 1 | 1 | 0 | 1 | Old |
| Irma | 1 | 0 | 0 | 0 | Old |
| Julius | 1 | 0 | 0 | 0 | Old |

## Disease Example

Selection into treatment: naive comparison of means doesn't give ATE.

## Iterated Expectations

If we learn the CATEs, we can average them to get the ATE.

Idea
Maybe if we adjust for age, we can address the selection problem.

Selection-on-observables
A pair of assumptions that shows us when this idea will work out.

Propensity Score: Who is more likely to be treated?

|  | $D$ | $Y$ | $Y_{0}$ | $Y_{1}$ | $X$ |
| :--- | :---: | :---: | :---: | :---: | :---: |
| Aiden | 0 | 1 | 1 | 1 | Young |
| Bella | 0 | 1 | 1 | 1 | Young |
| Caden | 0 | 1 | 1 | 1 | Young |
| Dakota | 1 | 1 | 1 | 1 | Young |
| Ethel | 0 | 0 | 0 | 1 | Old |
| Floyd | 0 | 0 | 0 | 0 | Old |
| Gladys | 0 | 0 | 0 | 0 | Old |
| Herbert | 1 | 1 | 0 | 1 | Old |
| Irma | 1 | 0 | 0 | 0 | Old |
| Julius | 1 | 0 | 0 | 0 | Old |

Propensity Score $p(x)$

- $p(x) \equiv \mathbb{P}(D=1 \mid X=x)$
- Share treated by age group.

Exercise
Calculate $p$ (Young) and $p$ (Old)

Propensity Score: Who is more likely to be treated?

|  | $D$ | $Y$ | $Y_{0}$ | $Y_{1}$ | $X$ |
| :--- | :---: | :---: | :---: | :---: | :---: |
| Aiden | 0 | 1 | 1 | 1 | Young |
| Bella | 0 | 1 | 1 | 1 | Young |
| Caden | 0 | 1 | 1 | 1 | Young |
| Dakota | 1 | 1 | 1 | 1 | Young |
| Ethel | 0 | 0 | 0 | 1 | Old |
| Floyd | 0 | 0 | 0 | 0 | Old |
| Gladys | 0 | 0 | 0 | 0 | Old |
| Herbert | 1 | 1 | 0 | 1 | Old |
| Irma | 1 | 0 | 0 | 0 | Old |
| Julius | 1 | 0 | 0 | 0 | Old |

Propensity Score $p(x)$

- $p(x) \equiv \mathbb{P}(D=1 \mid X=x)$
- Share treated by age group.

Exercise
Calculate $p$ (Young) and $p$ (Old)
Solution

$$
p(\text { Young })=1 / 4, \quad p(\mathrm{Old})=1 / 2
$$

Old people are more likely to take treatment and more likely to die with or without it! Age confounds the relationship between $D$ and $Y$.

## Wishful Thinking

Wouldn't it be great if $\operatorname{CATE}(x)=\mathbb{E}(Y \mid D=1, X=x)-\mathbb{E}(Y \mid D=0, X=x)$ ?

|  | $D$ | $Y$ | $Y_{0}$ | $Y_{1}$ | $X$ |
| :--- | :---: | :---: | :---: | :---: | :---: |
| Aiden | 0 | 1 | 1 | 1 | Young |
| Bella | 0 | 1 | 1 | 1 | Young |
| Caden | 0 | 1 | 1 | 1 | Young |
| Dakota | 1 | 1 | 1 | 1 | Young |
| Ethel | 0 | 0 | 0 | 1 | Old |
| Floyd | 0 | 0 | 0 | 0 | Old |
| Gladys | 0 | 0 | 0 | 0 | Old |
| Herbert | 1 | 1 | 0 | 1 | Old |
| Irma | 1 | 0 | 0 | 0 | Old |
| Julius | 1 | 0 | 0 | 0 | Old |

## Stratify by Age

- Perhaps within age groups there is no selection problem.
- If so, learn the CATE for each group.


## Exercise

Check if this claim holds in our example.

## Stratifying by age works in this example

$$
\operatorname{CATE}(x)=\mathbb{E}(Y \mid D=1, X=x)-\mathbb{E}(Y \mid D=0, X=x)
$$

```
tbl |>
    group_by(x) |>
    summarize(CATE = mean(y1-y0)) |>
    knitr::kable(digits = 2)
```

```
tbl |>
    group_by(x, d) |>
    summarize(y_mean = mean(y)) |>
    knitr::kable(digits = 2)
```

| $x$ | CATE |
| :--- | ---: |
| old | 0.33 |
| young | 0.00 |


| $x$ | $d$ | $y \_m e a n$ |
| :--- | ---: | ---: |
| old | 0 | 0.00 |
| old | 1 | 0.33 |
| young | 0 | 1.00 |
| young | 1 | 1.00 |

Final Step
ATE $=\operatorname{CATE}($ Young $) \mathbb{P}($ Young $)+\operatorname{CATE}($ Old $) \mathbb{P}($ Old $)=2 / 5 \times 0+3 / 5 \times 1 / 3=0.2$

## This worked because our example satisfies two key assumptions.

## Definition: Conditional Independence

- $W \Perp Z \mid R \Longleftrightarrow \mathbb{P}(W, Z \mid R)=\mathbb{P}(W \mid R) \cdot \mathbb{P}(Z \mid R)$.
- See chapter 2 of the lecture notes and this video for more details.


## Assumption 1 - Selection on Observables: ${ }^{3} \quad D \Perp\left(Y_{0}, Y_{1}\right) \mid \boldsymbol{X}$

- Implies that people with the same observed characteristics have the same potential outcomes, on average, regardless of whether they were actually treated or not.
- See my blog post for more discussion of this assumption.

Assumption 2 - Overlap: $0<p(\boldsymbol{x})<1$ for all values of $\boldsymbol{x}$.

- Recall that $p(\boldsymbol{x}) \equiv \mathbb{P}(D=1 \mid \boldsymbol{X}=\boldsymbol{x})$.
- Among people with given characteristics $\boldsymbol{x}$, some but not all are treated.

[^2]
## The approach we used above is called "Regression Adjustment"

## Intuition

- Form strata based on common value $\boldsymbol{x}$ of covariates.
- Within each stratum, compute the average outcome among treated and untreated.
- Subtract these to estimate $\operatorname{CATE}(\boldsymbol{x})$, the stratum-specific ATE.
- Average the stratum-specific ATEs, weighting by the fraction of people in each.


## Main Result ${ }^{4}$

Under the selection on observables and overlap assumptions:

$$
\operatorname{CATE}(\boldsymbol{x}) \equiv \mathbb{E}\left(Y_{1}-Y_{0} \mid \boldsymbol{X}=\boldsymbol{x}\right)=\mathbb{E}(Y \mid D=1, \boldsymbol{X}=\boldsymbol{x})-\mathbb{E}(Y \mid D=0, \boldsymbol{X}=\boldsymbol{x})
$$

By iterated expectations, $\mathrm{ATE}=\mathbb{E}[\operatorname{CATE}(\boldsymbol{X})]$ so we can learn the ATE .

[^3]
## Alternative Approach: Propensity Score Weighting

## Intuition

- Disease example: older people are more likely to be treated and more likely die regardless of whether they are treated.
- Too few young people among the treated and too few old people among the untreated relative to what we'd have in a randomized experiment.
- To compensate: upweight treated young people untreated old people when computing average outcomes for the treated and untreated groups.


## Main Result ${ }^{5}$

Under the selection on observables and overlap assumptions:

$$
\mathrm{ATE}=\mathbb{E}\left[w_{1}(\boldsymbol{X}) \cdot Y\right]-\mathbb{E}\left[w_{0}(\boldsymbol{X}) \cdot Y\right], \quad w_{1}(\boldsymbol{X})=\frac{D}{p(\boldsymbol{X})}, \quad w_{0}(\boldsymbol{X})=\frac{1-D}{1-p(\boldsymbol{X})}
$$

[^4]
## Propensity Score Weighting in Our Example

```
psw <- tbl |>
    group_by(x) |>
    mutate(pscore = mean(d)) |>
    ungroup() |>
    mutate(weight1 = d / pscore,
    weight0 = (1 - d) / (1 - pscore))
```


## Propensity Score Weighting in Our Example



## Propensity Score Weighting in Our Example

```
psw |> summarize(sum(weight1), sum(weight0))
## # A tibble: 1 x 2
## `sum(weight1)` `sum(weight0)`
## <dbl> <dbl>
## 1 10 10
psw |>
    summarize(mean(weight1 * y) - mean(weight0 * y)) |>
    pull()
## [1] 0.2
ATE
## [1] 0.2
```


## How can we evaluate the assumptions?

Overlap

- Since $D$ and $\boldsymbol{X}$ are observed, we can check this directly.
- The more characteristics we put into $\boldsymbol{X}$, the harder it becomes to satisfy overlap.

Selection on Observables

- Without outside data or extra assumptions, there's no way to check this.
- Else equal, the more characteristics we put into $\boldsymbol{X}$, the more plausible this becomes.


## Bad Controls

- More is not always better. Some characteristics definitely shouldn't go into $\boldsymbol{X}$.
- This is what we'll discuss for the rest of the lecture!


## The Birthweight Paradox ${ }^{6}$

The analyses in Yerushalmy's paper indicated that, among low birthweight infants of less than 2500 g , maternal smoking was associated with lower infant morality. The results have been replicated in a number of studies and populations, and these seemingly paradoxical associations are now often referred to as the 'birthweight paradox'

- $D=1$ mother smokes while pregnant
- $Y=1$ infant dies
- $X=1$ low birthweight

Should we adjust for birthweight when studying the causal effect of maternal smoking on infant mortality?

[^5]
## Graph: set of nodes connected by edges.

- Two nodes are adjacent if connected by an edge.

- Directed path points from ancestor to descendant.
- Cycle: directed path that returns to starting node.
- Acyclic Graph: a graph without any cycles.


## Exercise



## Exercise



## Solution

1. Yes: all edges in the graph are directed.
2. Yes: there is no directed path that takes you back to the node where you started.
3. $Z$ and $D$ are not adjacent: there is no edge between them.
4. There are three: $(D \rightarrow Y),(D \leftarrow X \rightarrow Y)$, and $(D \leftarrow X \leftarrow Z \rightarrow Y)$.
5. There is only one: $(D \rightarrow Y)$.

## Graphical Causal Models: Directed Acyclic Graphs (DAGs)

## Graphical Causal Model

Directed edges encode assumptions about the "flow" of causation (edge) or lack thereof (no edge).

## Potential Cause

If $D$ is an ancestor of $Y$, it is a potential cause of $Y$.

## Direct Cause

If $D$ is a parent of $Y$, it is a direct cause of $Y$.


## Back Door Criterion

Can we learn ( $D \rightarrow Y$ ) using selection on observables? If so, what covariates should we adjust for?

## "Draw Your Assumptions" - Birthweight Example

Birthweight Paradox

- $Y$ mortality
- $X$ birthweight
- D maternal smoking
- U unobserved: e.g. malnutrition / birth defect

Should we condition on $X$ ?
Can't adjust for $U$ : unobserved. Should we adjust for birthweight when studying (smoking $\rightarrow$ mortality) effect?

## Causal and Non-causal Paths

## Causal Path

Directed path between treatment and outcome; always starts with an edge pointing out of treatment.

## Backdoor Path

Noncausal path path between treatment and outcome; always starts with an edge pointing into treatment.

## Exercise


2. List all backdoor paths between $D$ and $Y$.

## Causal and Non-causal Paths

## Causal Path

Directed path between treatment and outcome; always starts with an edge pointing out of treatment.

## Backdoor Path

Noncausal path path between treatment and outcome; always starts with an edge pointing into treatment.

## Exercise



1. List all causal paths from $D$ to $Y$.
2. List all backdoor paths between $D$ and $Y$.

Solution

1. $(D \rightarrow Y)$
2. $(D \leftarrow X \rightarrow Y)$, and $(D \leftarrow X \leftarrow Z \rightarrow Y)$.

## Graph Surgery

Observational Distribution: $\mathbb{P}(Y \mid D=d)$

- Actual distribution of $Y$ among people observed to have $D=d$.
- DAG shows the observational distribution and how it arises from our causal model.

Interventional Distribution: $\mathbb{P}(Y \mid \operatorname{do}(D=d))$

- Distribution of $Y$ that we would obtain if we intervened and set $D=d$ for everyone.
- Obtain from DAG by removing edges pointing into $D$.
- Causal effect of interest is the path from $D$ to $Y$ in this "modified" graph.
- ATE $=\mathbb{E}\left(Y_{1}-Y_{0}\right)=\mathbb{E}(Y \mid \operatorname{do}(D=1))-\mathbb{E}(Y \mid \operatorname{do}(D=0))$
- This is what an experiment does: removes all causes of treatment!


## Graph Surgery: Delete Edges Pointing Into $D$

Observational Distribution


Interventional Distribution: do( $D$ )


Interventional DAG has no backdoor paths. To use the observational distribution for causal inference, we will attempt to "block" the backdoor paths by conditioning.

Exercise: Draw the DAG for the do $(X)$ Interventional Distribution

Observational Distribution
Interventional Distribution: do $(X)$


## Exercise: Draw the DAG for the do $(X)$ Interventional Distribution

Observational Distribution


Interventional Distribution: do $(X)$


Fork
D


Pipe
D

Descendant


Figure 2: The Four Basic DAGs

## Fork $=$ Common Cause $/$ Confounder

Confounder $=$ Good Control

- $D$ and $Y$ are dependent: open path between them.
- But $D$ doesn't cause $Y: X$ causes $D$ and $Y$.
- Conditioning on $X$ blocks the path from $D$ to $Y$.


## Example

$D$ is shoe size, $Y$ is reading ability, $X$ is age.

## Fork Rule

If $X$ is a common cause of $D$ and $Y$ and there is only one path between $D$ and $Y$, then $D \Perp Y \mid X$.


Figure 3: $X$ is a confounder. Good control for $D \rightarrow Y$.
"Condition on things that cause both $D$ and $Y$."

## Pipe $=$ Mediator

Mediator $=$ Bad Control

- $D$ and $Y$ are dependent: open path between them.
- $D$ causes $Y$ through its causal effect on $X$.
- Conditioning on $X$ blocks the path from $D$ to $Y$.


## Example

$D$ is SAT coaching, $X$ is SAT score, $Y$ is college acceptance

## Pipe Rule

If there is only one directed path from $D$ to $Y$ and $X$ intercepts that path, then $D \Perp Y \mid X$.

## D



X

Figure 4: $X$ is a mediator. Bad control for $D \rightarrow Y$.

[^6]
## Collider $=$ Common Effect

## Common Effect $=$ Bad Control

- $D$ and $Y$ are independent: blocked path between them.
- $D$ and $Y$ both cause $X$, but neither causes the other.
- Conditioning on $X$ unblocks the path between $D$ and $Y$.


## Example

$D, Y$ indep. coins; $X=$ bell rings if at least one HEADS.

## Collider Rule

If there is only one path between $D$ and $Y$ and $X$ is their common effect, then $D \Perp Y$ but $D \not \Perp Y \mid X$.

## Why are brilliant researchers lousy teachers?

Without Conditioning on Professor


Conditional on Professor


Figure 5: Teaching and Research are independent $N(0,1)$. Professor is a collider: TRUE if the sum of Research and Teaching is in the top 10th percentile of all observations.

## The Descendant

## Descendant Rule

Conditioning on a descendant $Z$ of $X$ has the effect of partially conditioning on $X$ itself.

## Collider Corollary

In the figure, $D \Perp Y$ but $D \not \Perp Y \mid Z$.

## Discussion

- What this means depends on the situation.
- In the figure $X$ is a collider.
- Could also have $X$ as the middle node in pipe/fork.
- Pipe/fork: adjust for $Z \Rightarrow$ partially block $D, Y$ path.


Figure 6: $Z$ is a descendant of the collider $X$. Bad control for $D \rightarrow Y$

Exercise: Find all examples of the four basic DAGS.


Figure 7: Birthweight DAG

## Exercise: Find all examples of the four basic DAGS.



Solution

1. Forks: $X \leftarrow U \rightarrow Y$ and $X \leftarrow D \rightarrow Y$
2. Pipes: $D \rightarrow X \rightarrow Y, U \rightarrow X \rightarrow Y$
3. Colliders: $D \rightarrow X \leftarrow U$ and $D \rightarrow Y \leftarrow U$.
4. Descendant: $Y$ is a descendant of the collider $D \rightarrow X \leftarrow U$.

Figure 7: Birthweight DAG

## Blocking and Opening Paths in the Four Basic DAGs

Fork
$D \leftarrow X \rightarrow Y$ is an open path; conditioning on the confounder $X$ blocks the path.
Pipe
$D \rightarrow X \rightarrow Y$ is an open path; conditioning on the mediator $X$ blocks the path.
Collider
$D \rightarrow X \leftarrow Y$ is a blocked path; conditioning on the collider $X$ opens the path.

## Descendant

Conditioning on the descendant of a confounder / mediator partially blocks the open path. Conditioning on the descendant of a collider partially opens the blocked path.

## Backdoor Criterion

Use what we know about the four basic DAGs to block all backdoor paths between $D$ and $Y$ in our "big" DAG. Obtain interventional distribution from observational data.

## The Backdoor Criterion

## Recall: Backdoor Path

Noncausal path between $D$ and $Y$; starts with edge pointing into $D$.

## Blocked Path

A set of nodes $X$ blocks a path $p$ if and only if $p$ contains: (1) a pipe or fork whose middle node is in $X$ or (2) a collider that is not in $X$ and has no descendants in $X$.

## Backdoor Criterion

A set of nodes $X$ satisfies the back-door criterion relative to $(D, Y)$ if no node in $X$ is a descendant of $D$ and $X$ blocks every back-door path between $D$ and $Y$.

## A Less Formal Statement of the Back-door Criterion

1. List all the paths that connect treatment and outcome.
2. Check which of them open. A path is open unless it contains a collider.
3. Check which of them are back-door paths: contain an arrow pointing at $D$.
4. If there are no open back-door paths, you're done. If not, look for nodes you can condition on to block remaining open back-door paths without opening new ones.

Of course we can only condition on observed variables!

## Important Note

In a given DAG there may be no way to satisfy the badk-door criterion, given what we observe. There may also be multiple ways!

## Backdoor Theorem $=$ Selection on observables!

## Backdoor Theorem

If $X$ satisfies the back-door criterion relative to $(D, Y)$, then

$$
\mathbb{P}(Y=y \mid \operatorname{do}(D=d))=\sum_{\text {all } x} \mathbb{P}(Y=y \mid D=d, X=x) \cdot \mathbb{P}(X=x)
$$

What if $X$ is empty?
Then we don't to condition on anything: $\mathbb{P}(Y=y \mid \operatorname{do}(D=d))=\mathbb{P}(Y=y \mid D=d)$

## Counterfactual Interpretation

If $X$ satisfies the back-door criterion relative to $(D, Y)$, then $Y_{d} \Perp D \mid X$ for all $d$.

## Translating to Potential Outcomes

- The "counterfactuals" $Y_{d}$ are our potential outcomes from earlier in this lecture.
- Back-door criterion implies selection on observables assumption for $D$ given $X$.
- The formula above is nothing more than regression adjustment.


## Exercise: What to adjust for to learn the effect of each intervention?



1. The effect of $D$ on $Y$.
2. The effect of $X$ on $Y$.
3. The effect of $Z$ on $Y$ ?

## Exercise: What to adjust for to learn the effect of each intervention?



1. The effect of $D$ on $Y$.
2. The effect of $X$ on $Y$.
3. The effect of $Z$ on $Y$ ?

## Solution

1. There are two backdoor paths. In $(D \leftarrow X \rightarrow Y)$, the middle node in a fork is $X$. In $(D \leftarrow X \leftarrow Z \rightarrow Y)$ the middle node in a pipe is $X$. Adjusting for $X$ blocks both.
2. The only backdoor path is ( $X \leftarrow Z \rightarrow Y$ ), a fork with $Z$ as its middle node. Adjusting for $Z$ blocks this path.
3. There are no arrows pointing into $Z$, hence no backdoor paths. We don't have to adjust for anything.

## (Possible) Solution to Birthweight Paradox

Among low birthweight infants. . . maternal smoking was associated with lower infant mortality.

## Notation

$Y$ mortality, $X$ birthweight, $D$ maternal smoking, and $U$ unobserved: e.g. malnutrition / birth defect

Birthweight is a bad control!

- Can't adjust for $U$ because it's unobserved.
- No arrows pointing into $D$ so no backdoor paths.
- $X$ is a collider: conditioning on it creates spurious dependence between $D$ and $U$.


Figure 8: If we believe this model, $X$ is a bad control.

Low birthweight infants whose mothers did not smoke must have an unfavorable value of $U$, making it appear as though smoking has health benefits.


[^0]:    ${ }^{1}$ Different people / potential outcomes from last time: no allergic!

[^1]:    ${ }^{2}$ See this note for a proof and more discussion.

[^2]:    ${ }^{3}$ This can be weakened to $\mathbb{E}\left(Y_{d} \mid D, \boldsymbol{X}\right)=\mathbb{E}\left(Y_{d} \mid \boldsymbol{X}\right)$ for $d=0,1$, i.e. mean independence.

[^3]:    ${ }^{4}$ See my video for the proof: https://expl.ai/BJWTFKG

[^4]:    ${ }^{5}$ See my video for the proof: https://expl.ai/BASRRGX.

[^5]:    ${ }^{6}$ Quote from VanderWeele (2014).

[^6]:    "Don't condition on an intermediate outcome."

