

# Versions of Treatment

A causal inference debate that  
sociologists have ignored



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Sociology Statistics Reading Group  
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# Introductory note for those finding these slides online

These slides were prepared for the Sociology Statistics Reading Group at Princeton. Everyone read the following paper in advance:

Hernán, Miguel A. 2016. Does water kill? A call for less casual causal inferences. *Annals of Epidemiology*, 26(10):674–680. [\[link\]](#)

At times, these slides intentionally emphasize alternative positions to those presented by Hernán (2016), such as the possibility that consistency is not an assumption but is rather a consequence of the assumptions embedded in a causal DAG (Pearl, 2010). I emphasize this alternative view not because my personal position is strongly one way or the other, but because it will promote better discussion among a group that read the former but not the latter. See references at the end for further reading.

# Hernán (2016): Does Water Kill?

London cholera epidemic, 1854.  
John Snow deduced that the water was the cause of death.



Source: Wikimedia Commons

# Hernán (2016): Does Water Kill?

Does drinking water kill?

# Hernán (2016): Does Water Kill?

Does drinking **fresh** water kill?

# Hernán (2016): Does Water Kill?

Does drinking **a swig of** fresh water kill?

# Hernán (2016): Does Water Kill?

Does drinking a swig of fresh water **from the Broad Street pump** kill?

# Hernán (2016): Does Water Kill?

Does drinking a swig of fresh water from the Broad Street pump  
**between August 31 and September 10** kill?



# Hernán (2016): Does Water Kill?

Does drinking a swig of fresh water from the Broad Street pump between August 31 and September 10 kill

**compared with drinking all your water from other pumps?**

# Hernán (2016): Does Water Kill?

Does drinking a swig of fresh water from the Broad Street pump between August 31 and September 10 **and not initiating a rehydration treatment if diarrhea starts** kill

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Does drinking a swig of fresh water from the Broad Street pump between August 31 and September 10 and not initiating a rehydration treatment if diarrhea starts kill

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The **definition** of the causal effect is unclear without details.

**Recommendation:** Specify versions  
“until no meaningful vagueness remains,”  
(Hernán, 2016)

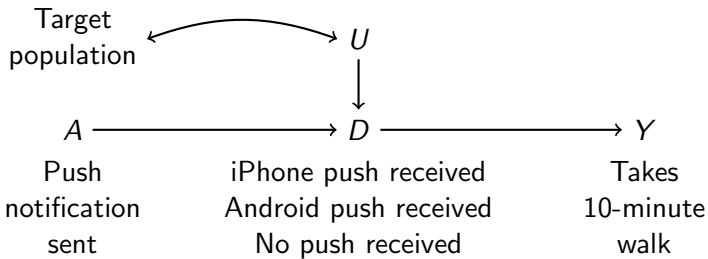
But some vagueness is

**unavoidable**

in both **experimental** and **observational**  
social science.

oooooooooooo

oooooooooooo



## Continuous treatment

## Overwork

Researcher collapses continuous  $D$ Collapsed by  
researcher

$$A = \mathcal{C}(D) = \mathbb{I}(D > 50)$$

$$D \longrightarrow Y$$

Employment  
hoursHourly  
wage



**Continuous treatment****Overwork**Researcher collapses continuous  $D$ 

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Employment  
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researcher**Categorical treatment****Occupations**Researcher collapses categorical  $D$ 

$$\text{Class scheme: } A = \mathcal{C}(D)$$

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Occupation

Status

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Employment hours	Hourly wage
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Occupation	Status
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**Self-rated health**Respondent collapses continuous  $D$ 

$$\text{5-point scale: } A = \mathcal{C}(D)$$

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Health	Lifespan
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Collapsed by  
respondent

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Collapsed by  
respondent**Returns to college**Respondent collapses categorical  $D$ 

$$\text{Completed college: } A = \mathcal{C}(D)$$

$$D \longrightarrow Y$$

College degree (institution and major)	Earnings
--	----------

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### A Causal Inference Debate Sociologists Have Ignored

1. Formalizing the **problem**
  - A) Potential outcomes
  - B) Stochastic counterfactuals
  - C) Causal graphs
2. When it matters: **Consequences** of collapsed versions
  - A) Experimental studies: Effects may not generalize
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3. **Recommendations:** What to do

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$$\text{Causal effect} = Y_i(a') - Y_i(a)$$


  
 Potential outcomes

$$\{Y_i(a)\}$$

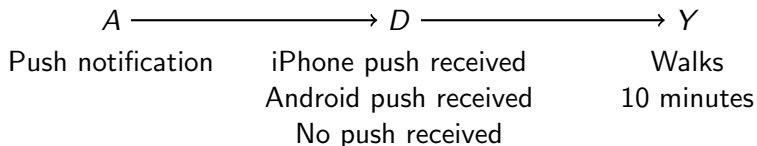
Potential outcomes:  
**Deterministic** consequence of  $a$

$$Y_i^{\text{Observed}} = Y_i(A_i)$$

Observed outcome:  
**Random** because  $A_i$  is random

Imbens and Rubin (2015, p. 10):

... for each unit, there are no different forms or versions of each treatment level which lead to different potential outcomes.



$Y_i(a)$  is deterministic under either:

- Deterministic detailed treatment assignment  $D$  given  $A$

$$\mathbb{P}(D_i = d \mid A_i = a) = \begin{cases} 1 & \text{for one value of } d \\ 0 & \text{for all other values of } d \end{cases} \quad \forall a$$

- Treatment variation irrelevance (adapted from VanderWeele 2009)

$$Y_i(d) = Y_i(d') \quad \forall \{d, d'\} \text{ such that}$$

$$\mathbb{P}(D_i = d \mid A_i = a) > 0 \text{ and } \mathbb{P}(D_i = d' \mid A_i = a) > 0$$



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**Stochastic counterfactuals**<sup>1</sup> allow a more plausible assumption of treatment variation irrelevance.

Under **fixed** counterfactuals

Treatment-variation irrelevance:

$$Y_i(a, d_a) = Y_i(a, d'_a) \quad \forall \quad \{d_a, d'_a\} \in \mathcal{D}_a$$

Thus can define  $Y_i(a) \equiv Y_i(a, d_a)$  for any  $d_a$ .

Consistency:

$$\text{If } A_i = a, \quad \exists \quad d_a \in \mathcal{D}_a \text{ such that } Y_i^{\text{Observed}} = Y_i(a, d_a)$$

**Stochastic counterfactuals**<sup>1</sup> allow a more plausible assumption of treatment variation irrelevance.

Under **stochastic** counterfactuals

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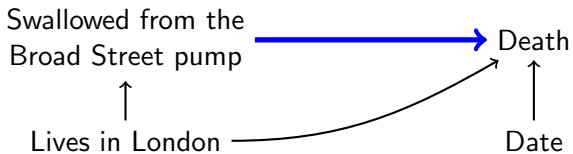
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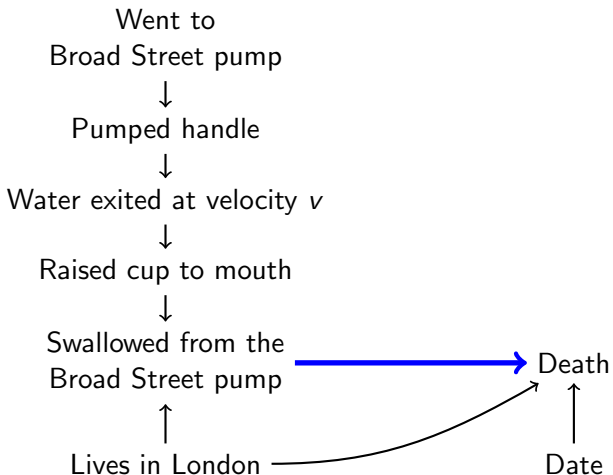


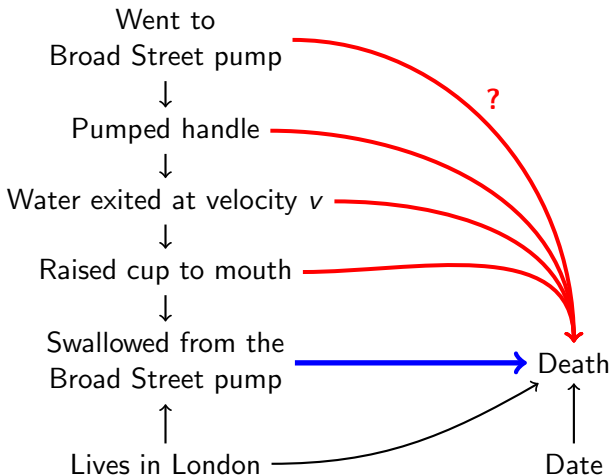
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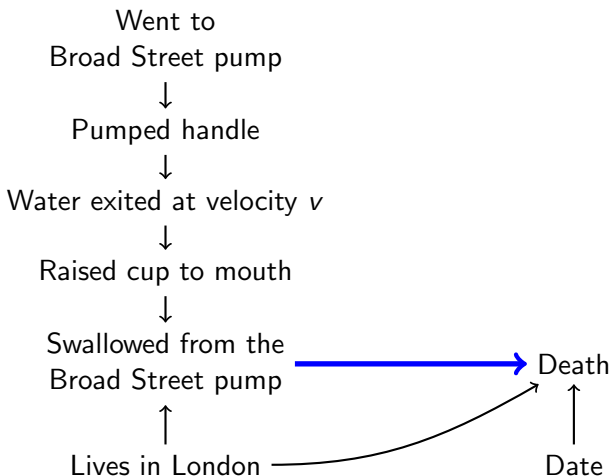
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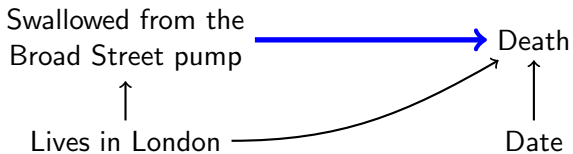
A correct DAG **implies** a well-defined effect.

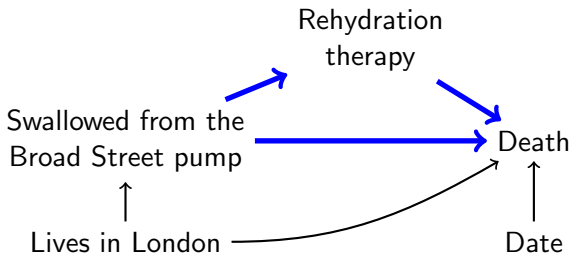


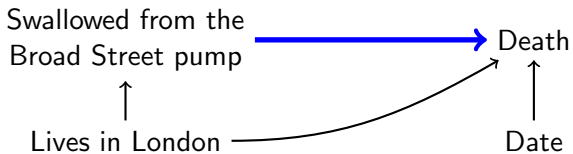








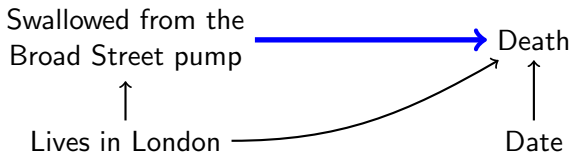




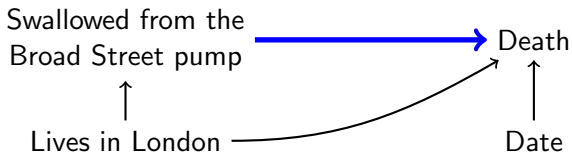


$$\mathbb{E} \left( \text{Death} \mid \begin{array}{l} \text{do}(\text{Swallowed from Broad Street pump}), \\ \text{Living in London on August 31 – September 10} \end{array} \right)$$

$$- \mathbb{E} \left( \text{Death} \mid \begin{array}{l} \text{do}(\text{Did not swallow from Broad Street pump}), \\ \text{Living in London on August 31 – September 10} \end{array} \right)$$



Things are vague only if the **graph** is insufficiently precise  
(and thus wrong).



**Consistency:**  $Y_i^{\text{Observed}} = Y_i(a_i)$ . Is this an assumption?

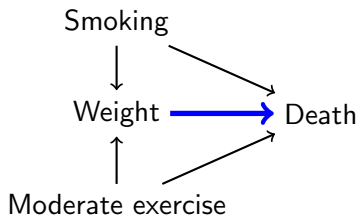
**Consistency:**  $Y_i^{\text{Observed}} = Y_i(a_i)$ . Is this an assumption?

Hernán (2016): Potential death  $Y$  under weight  $a$  depends on whether weight is set by smoking or by moderate exercise.

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But we could just label these as confounding variables.  
Not clear that consistency is an assumption.



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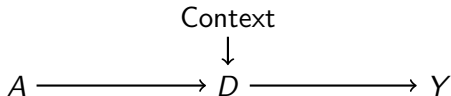
Versions of treatment make generalization difficult.  
(Hernán and VanderWeele, 2011)

If there is **contextual variation** in  $A \rightarrow Y$ , then the effect may not generalize to new contexts.



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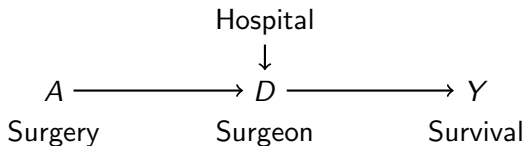
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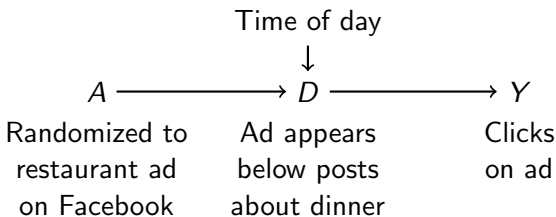
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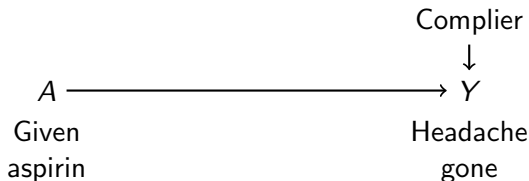


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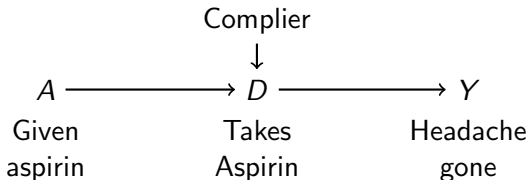
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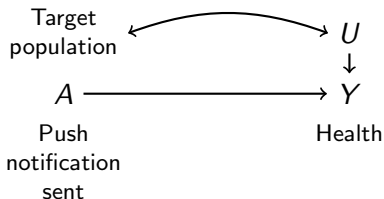
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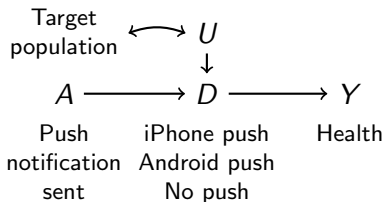
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# Generalizing experimental evidence

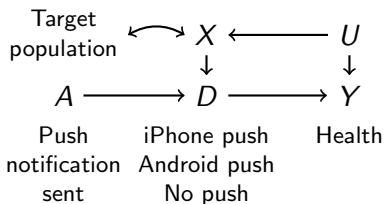
Generalization **impossible**



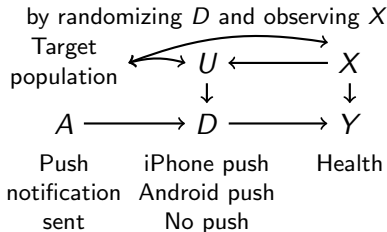
Generalization **possible**  
by randomizing  $D$



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(VanderWeele and Hernàn (2013, Prop. 8), though notation differs.)

$$\mathbb{E}(Y \mid \mathcal{C}(D) = c) = \sum_{d \in \mathcal{C}^{-1}(c)} \mathbb{E}(Y \mid \text{do}(D = d)) \mathbb{P}(D = d \mid D \in \mathcal{C}^{-1}(c))$$



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Random draw

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$$\mathbb{E}(Y \mid \mathcal{C}(D) = c) = \sum_{d \in \mathcal{C}^{-1}(c)} \mathbb{E}(Y \mid \text{do}(D = d)) \mathbb{P}(D = d \mid D \in \mathcal{C}^{-1}(c))$$

### One causal contrast

$$\mathbb{E}(Y \mid \mathcal{C}(D) = c') - \mathbb{E}(Y \mid \mathcal{C}(D) = c)$$

Observed detailed treatments  $d$   
mapping to collapsed treatment  $c'$



Random draw

Observed detailed treatments  $d$   
mapping to collapsed treatment  $c$



Random draw

$$D \longrightarrow Y$$

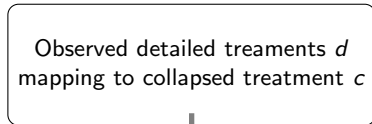
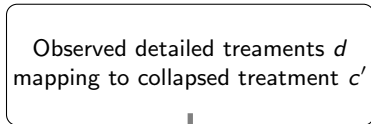
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Random draw  $\longrightarrow$  Difference  $\longleftarrow$  Random draw

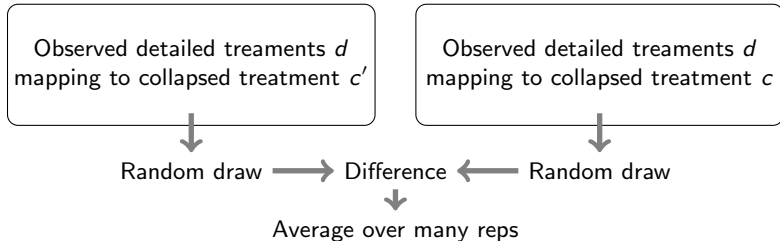
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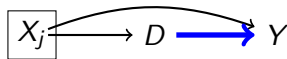
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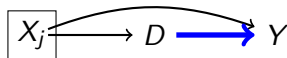


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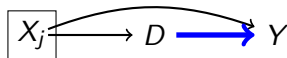
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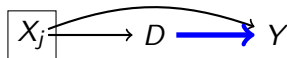
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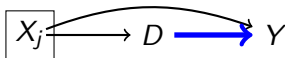
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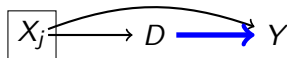
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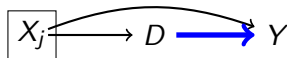


Random draw

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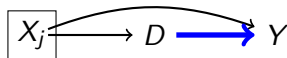
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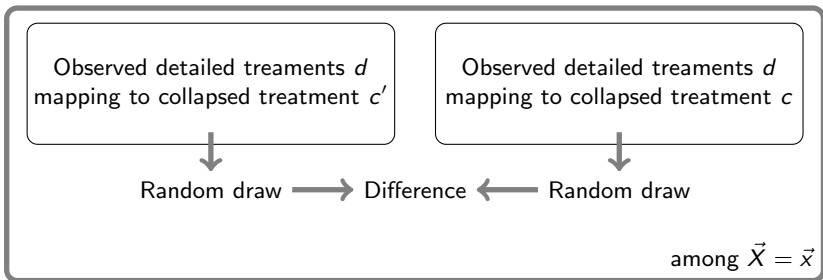


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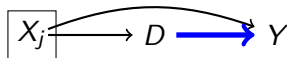
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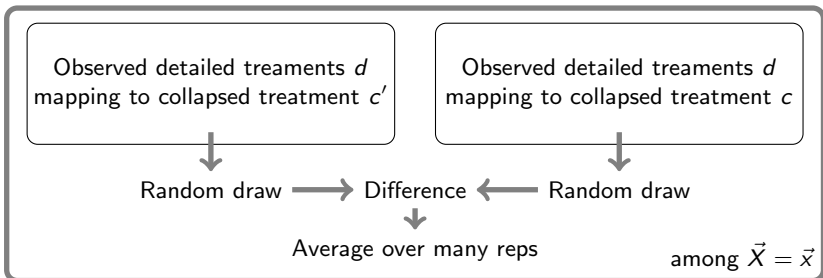


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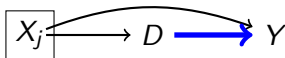
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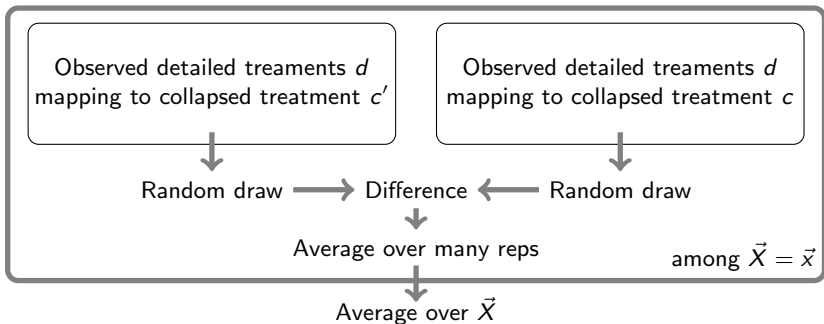


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## Versions of Treatment

### A Causal Inference Debate Sociologists Have Ignored

#### 1. Formalizing the **problem**

- A) Potential outcomes
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#### 2. When it matters: **Consequences** of collapsed versions

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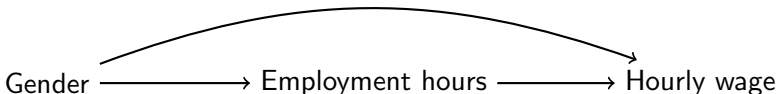
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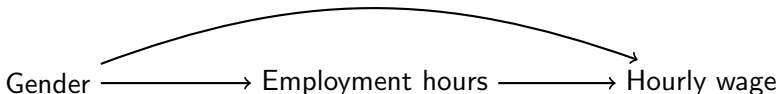
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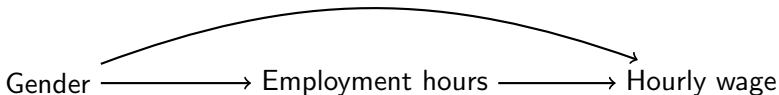
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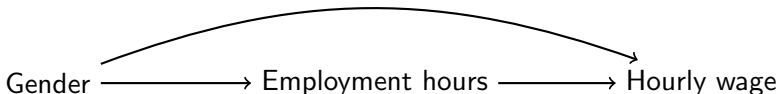
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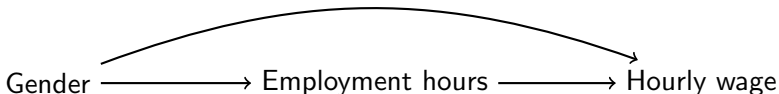
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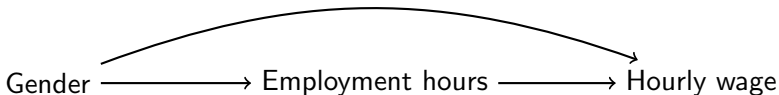
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Effects of heterogeneous treatments

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# What To Do

In randomized **experiments** aiming to generalize:

- Randomize a detailed treatment
- Theorize context-specific versions likely to remain

In **observational** studies:

- Estimate at the finest level of detail measured
  - Promotes a simple definition of the effect
  - Promotes transportability
  - Promotes clear policy implications
- If treatment remains vague, state the implied intervention.

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# Appendix



Some define the **assumptions** for causal inference as:

- Ignorable treatment assignment
  - Violated if the treated would do better even without treatment
- Positivity
  - Violated if  $\mathbb{P}(\text{Treated})$  is 0 or 1 for some units
- Stable Unit Treatment Value Assumption
  - Violated if there is interference
  - Violated if there are hidden versions of treatment

In this setup, **hidden versions** are the second part of SUTVA. Social scientists often focus on the first assumptions and give less thought to this part of SUTVA.

## Why not use the $Y(a, d_a)$ notation?

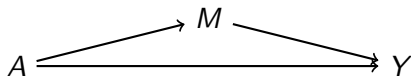
One could state potential outcomes as a function of both treatment and treatment version (VanderWeele, 2009; Hernán and VanderWeele, 2011; VanderWeele and Hernán, 2013).

### Versions of treatment



$Y_i(a, d_a)$  is unnecessary notation, though. Because only one  $a$  exists for any given  $d$ ,  $Y_i(d)$  carries the same information. In contrast, this is useful in mediation.

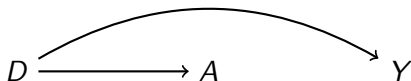
### Mediation



$Y_i(a, m)$  is valuable. Because  $A$  is not fixed given  $M$ , there exist multiple  $\{a, a'\}$  with  $Y_i(a, m) \neq Y_i(a', m)$ .

## Why not put $A$ on the DAG as a consequence of $D$ ?

When the researchers take a detailed treatment  $D$  and coarsen it into an aggregate treatment  $A$ , Hernán and VanderWeele (2011) put it in the DAG as a consequence of  $D$ .

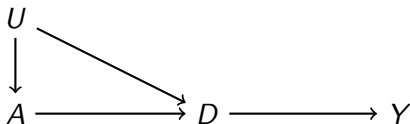


The reasons not to do this are

1. In a DAG, it is useful to be able to conceive of an intervention to any given node. Because  $D \rightarrow A$  is deterministic, it is hard to imagine an intervention to  $A$  which has no consequence for  $D$ . By the DAG, this intervention would have no consequence for  $D$ . This seems hard to swallow.
2. Perhaps  $A$  is not deterministic: it is *reported*  $D$ . But this seems like a whole different set of issues, and it is clear even without the DAG that intervening to change a report would have no consequence for  $Y$ .

## What about when $A \rightarrow D$ is confounded?

When treatment precedes version, Hernán and VanderWeele (2011) also include cases like below:



The reasons not to do this are

1. The edge  $U \rightarrow A$  implies this is an observational study rather than an experiment. In observational studies, I usually do not believe the story that  $A$  is assigned first, followed by  $D$ . I think in observational studies  $D$  is typically the only variable involved.
2. We already have transportability issues from  $U \rightarrow D$  alone. Omitting  $U \rightarrow A$  helps to highlight these problems in the scenario when  $A$  is randomized.

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