ABC3: Active Bayesian Causal Inference with Cohn Criteria in Randomized Experiments

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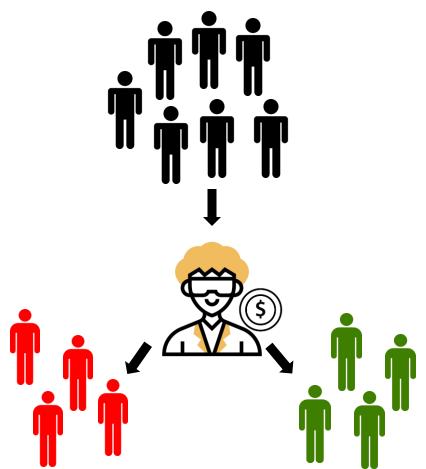
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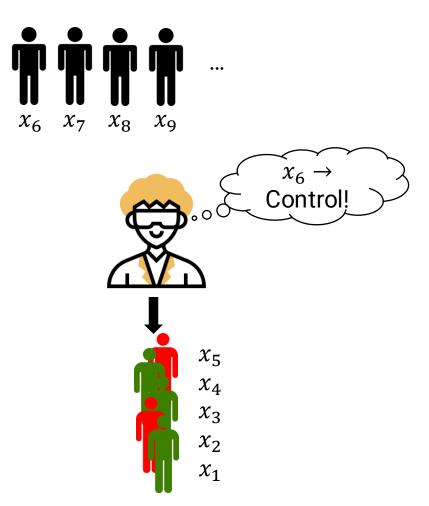
- Active Learning in Randomized Experiment
- Algorithm: ABC3
- Theory: MMD and Type 1 Error
- Discussion and Conclusion





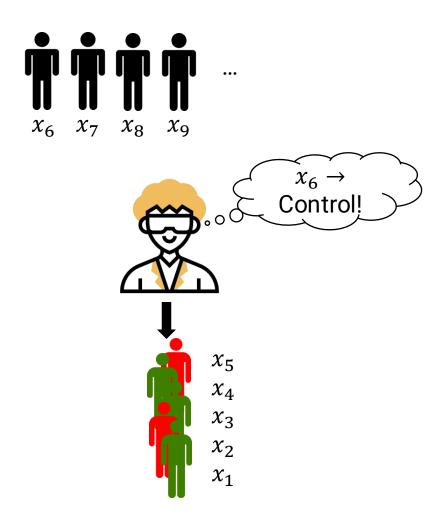
- Randomized experiment divides subjects into two groups, treatment and control groups.
- However, randomized experiment is usually expensive, so an efficient experiment design is desirable.





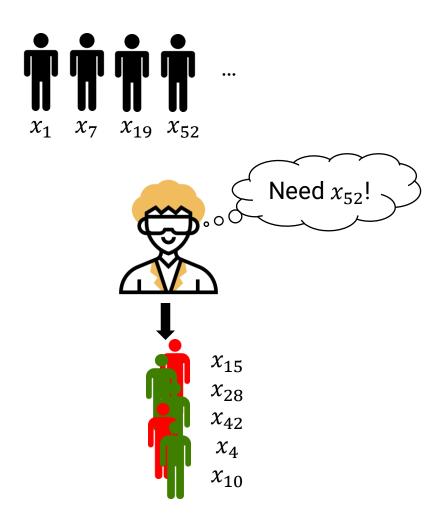
- Several works suggested efficient treatment allocation design given outcome variance, subject covariate, etc.
- However, these works assume the experimental subjects are given, not actively choosable.





- What if we already know the covariate information in prior?
 - Internet companies may know personal information before A/B test.
 - Pharmaceuticals have experiment applicants' personal information.
- Can we rationalize randomized experiment by choosing 'proper' subject at time t?





 Active learning: a practitioner sequentially choose unlabeled data points and ask an oracle to label them.

Algorithm

- Goal: Estimate f(x) w.r.t. utility function u_t
- For $t \in 1, ..., T$:
 - Compute utility function $u_t(x)$, x: unseen data point
 - Choose $x_t = x^*$ which optimizes u_t
 - Obtain y_t and train \hat{f} with $\{(x_i, y_i)\}_{i=1}^t$
- Goal: Make randomized experiment efficient with active learning framework



• Conditional Average Treatment Effect (f(x)) $CATE(x) = E[Y^1 - Y^0|X = x]$

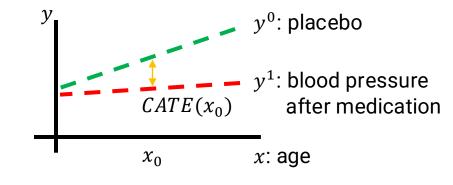
where Y^a: potential outcome, X: covariate.

Expected precision in estimation of heterogeneous effect

$$\epsilon_{PEHE}(\widehat{CATE}_t) = \int_X \left(\widehat{CATE}_t(x) - CATE(x)\right)^2 dP(x)$$

where $\widehat{CATE}_t = \hat{y}_t^1 - \hat{y}_t^0$, \hat{y}_t^a : a regressor at t.

• To optimize PEHE, we should assume the existence of population parameter, CATE.





• We utilize Bayesian framework by defining

$$\widehat{CATE}_{\Omega}(x) = \widehat{y}_{\Omega}^{1} - \widehat{y}_{\Omega}^{0}$$

$$\epsilon_{PEHE}^{\Omega}(\widehat{CATE}_{t}) = \int_{X} \left(\widehat{CATE}_{t}(x) - \widehat{CATE}_{\Omega}(x)\right)^{2} dP(x)$$

where \hat{y}_{Ω}^{a} : a regressor trained with whole oracle data set.

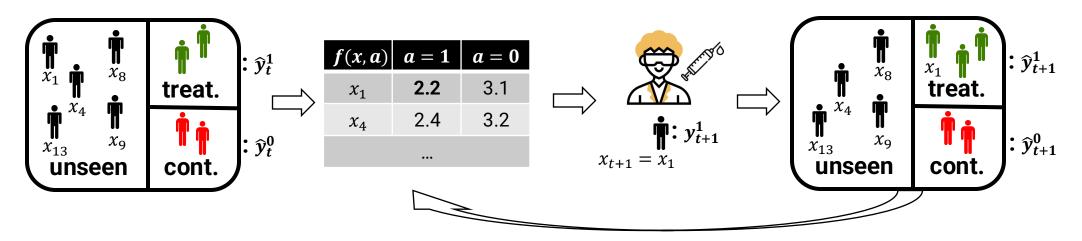
- Define a utility function $u_t(x) = E_{t+1}[\epsilon_{PEHE}^{\Omega}(CATE_{t+1})]$, assuming $x_{t+1} = x$.
- **(Theorem)** Assume $Y^a \sim GP(0, k(x, x')), \hat{y}_t^a(x) = E_t[Y^a(x)]$. Then under mild assumptions,

$$argmin_{x_{t+1},a_{t+1}} E_{t+1} \left[\epsilon_{PEHE}^{\Omega} \left(CATE_{t+1} \right) \right] = argmin_{x_{t+1},a_{t+1}} \int_{X} V_{t+1} [Y^{1}(x)] + V_{t+1} [Y^{0}(x)] dP(x)$$

(Roughly, minimizing future error \Leftrightarrow minimizing future variance)





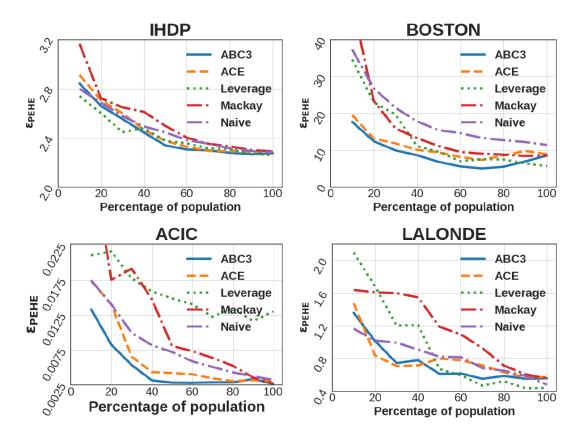


- Algorithm
 - Compute $f(x, a) = \int_X V_{t+1}[Y^1(x)] + V_{t+1}[Y^0(x)]dP(x)$ when $x_{t+1} = x \in$ unseen points.
 - Choose x_{t+1} and a_{t+1} which minimizes f(x, a) and observe y_{t+1}^a .
 - Train a Gaussian process \hat{y}_{t+1}^a with the new data point.
- We propose an efficient way to compute the quantity without computing the inverse of the kernel matrix for every *x*. (Proposition 4.1.)



- Cohn (1994) suggested a similar active learning criteria which minimizes integrated predictive variance.
- The future variance assuming observation on x_{t+1} , $V_{t+1}[Y^a(x)]$, does not depend on outcome y_{t+1} (computable in prior).
- Experiment
 - Naïve: Usual randomized experiment
 - Mackay: choose a point of maximum variance
 - ACE: minimizing the predictive variance while accessing test data set
 - Leverage: choose subsamples which are optimal under linearity assumption



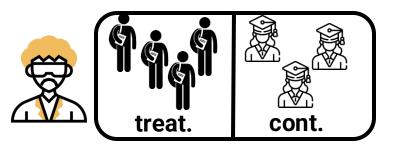


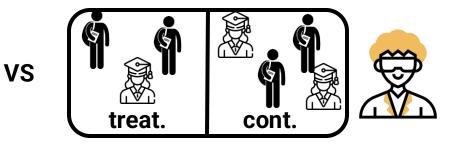
- Boston: ABC3 at 20% > Naïve at 100%
- ACIC: ABC3 at 40% > Naïve at 100%
- Mackay underperforms even Naive policy most times
- Leverage significantly underperforms other policies in ACIC
 - -> vulnerability of linearity assumption
- ABC3 outperforms ACE without access to the test data set



Theory: MMD

- Balance between the treatment/control groups is crucial.
 - Consider a study on the causal effect of online lectures where treatment group is undergraduate students while control group is graduate students.





• Balance measure: Maximum Mean Discrepancy

$$MMD(P,Q,F) = \sup_{f \in F} E_{x \sim P(x)}[f(x)] - E_{y \sim Q(y)}[f(y)] = \left| \left| \mu_P - \mu_Q \right| \right|^2$$

where μ_P : mean embedding of P in RKHS.

• MMD measures the difference in mean embeddings of two groups, P and Q.

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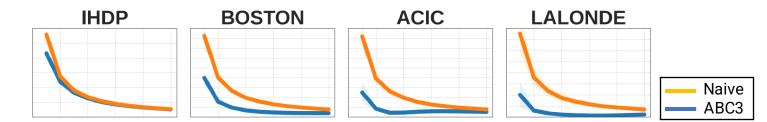


Theory: MMD

• (Theorem) Let P_t^a : treatment/control group covariate distribution at t, I_t^a : index set of each group at t, and λ^* : maximum eigenvalue of the kernel matrix of whole covariates. Then under some mild condition,

$$MMD(P_t^1, P_t^0, F)^2 \le 4\left(\frac{\lambda^*}{|I_t^1|} + \frac{\lambda^*}{|I_t^0|}\right) + 2\int_X V_t[Y^1(x)] + V_t[Y^0(x)]dP(x)$$

where the first term is minimized as time proceeds, and the second term is ABC3's optimization target.



(Roughly, ABC3 achieves a balance between treatment and control groups.)

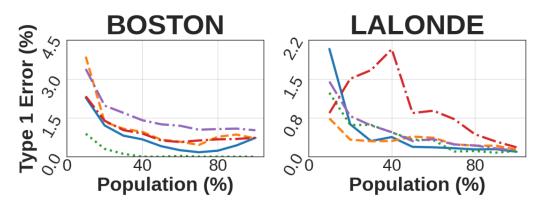


Theory: Type 1 Error

• Type 1 Error rate: If null hypothesis $H^0: Y^1 = Y^1$ holds, $P_t[Type \ 1 \ Error(x)] = P_t[|Y^1(x) - Y^0(x)| > \alpha]$

where α : decision threshold.

• **(Theorem)** Under Fisher's Sharp Null (i.e. CATE(x) = 0), ABC3 minimizes the upper bound of $\int_X P_{t+1}[Type \ 1 \ Error(x)] \ dP(x)$

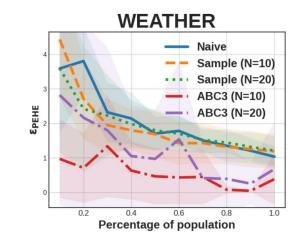


(Roughly, ABC3 minimizes Type 1 error when there is no treatment effect.)



Discussion

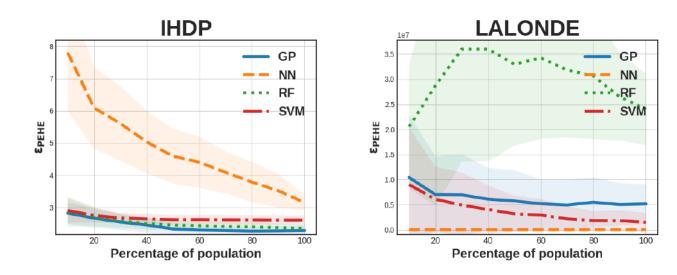
- Extending ABC3 to large Weather data set
 - **Sample** from (un)observed covariates and compute kernel matrix between them.
 - **Optimize** to find *x*^{*} which minimizes our target quantity.
 - Then choose x_{t+1} near x^* .





Discussion

- Plugging-in Other Regressor
 - Use GP-based ABC3 only for sampling
 - Then use another type of models for regressor \hat{y}^a
 - Performance depends on data sets



Active Bayesian Causal Inference with Cohn Criteria in Randomized Experiments



Conclusion

- We introduce ABC3, active learning algorithm for causal inference from Bayesian perspective.
- ABC3 outperforms other algorithms by balancing treatment/control groups and minimizes type 1 error rate.







Personal





