

# Recap: Causal Inference

I

DS701 Session 16 — Wed Oct 28, 2026



# Today's plan

! **Quiz 2 is five days away (Mon Nov 2)** and covers sessions 9–15 — *not* today. Causal inference (this lecture and lecture 15) is examined on **quiz 3**. Today is not quiz review; use office hours for that.

# Knowledge-Check Review

# KC 1: Two readings of one coefficient

*A regression coefficient  $\hat{\beta}_1$  on  $X$  has two possible readings — an associational one and a causal one. State both in one sentence each, say which one least squares always gives you, and give the definition of a **confounder** from the lecture.*

# KC 2: The selection-bias term

*The lecture decomposed the naive difference in means,  $\mathbb{E}[Y \mid T=1] - \mathbb{E}[Y \mid T=0]$ , into a causal part plus a **selection-bias** term. In words, what does the selection-bias term measure, why is it nonzero in the hospital-visits example, and why does randomly assigning  $T$  make it zero?*

# KC 3: Kidney stones, then ice cream

*In the kidney-stone study, Treatment A had the higher recovery rate for small stones **and** for large stones, yet Treatment B had the higher rate overall. Which comparison should a doctor trust, and why? Then connect it to the ice cream regression: what plays the role of stone size there, and what did “adjusting for it” look like in code?*

# Highlights

# 1. A regression coefficient is an association, not an effect

A regression coefficient is an association, not an effect. OLS estimates  $P(Y \mid X)$ ; a causal claim is about  $P(Y \mid do(X))$ , and the two differ whenever there is confounding.

Prediction — seeing

$$P(Y \mid X = x)$$

“Among people I *observe* with  $X = x$ , what is  $Y$ ?”

Every model in this course so far. Rung 1 of Pearl’s ladder.

Intervention — doing

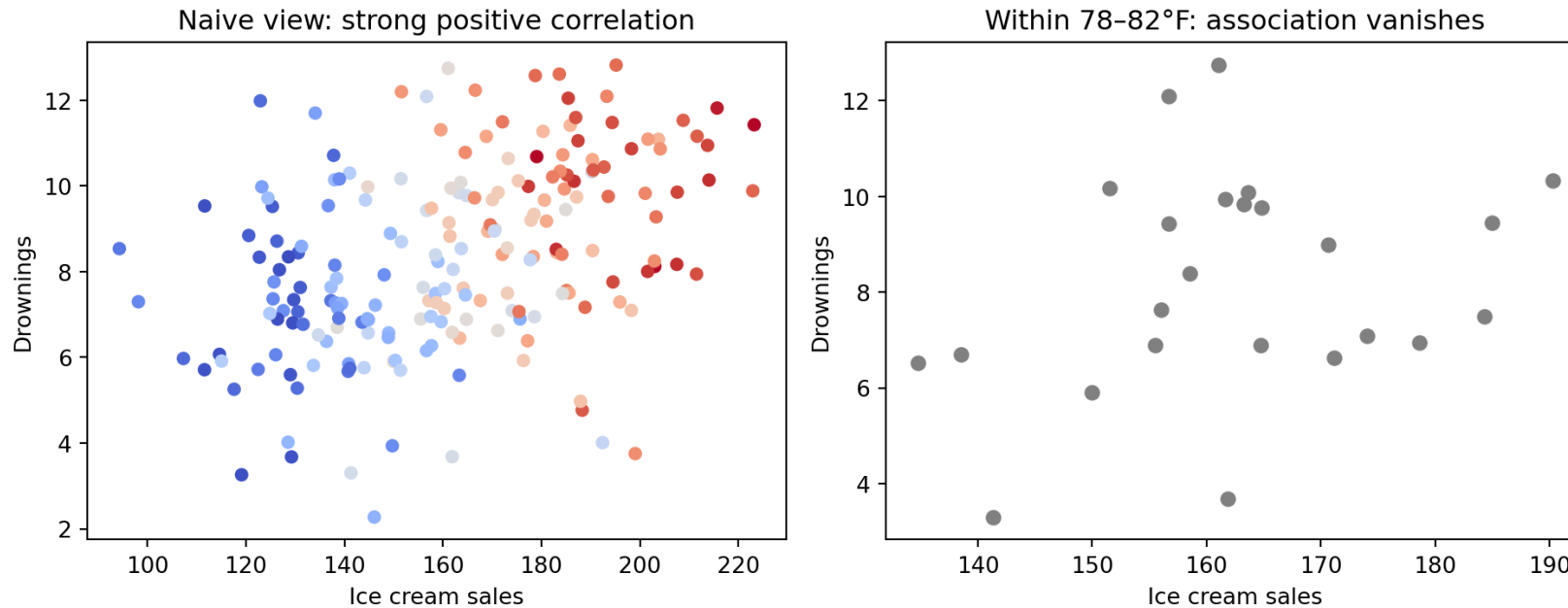
$$P(Y \mid do(X = x))$$

“If I *set*  $X = x$  for everyone, what is  $Y$ ?”

What a decision-maker needs. Rung 2.

## 2. A confounder is a common cause

A **confounder** is a common cause of treatment and outcome. Adjusting for it (holding it fixed, or adding it to the regression) removes the spurious association — but only if you measured it and knew to include it.



### 3. Potential outcomes define the effect — you observe one

Potential outcomes  $Y(1)$ ,  $Y(0)$  define the effect; you only ever observe one. This is the fundamental problem of causal inference, so we estimate averages like the ATE  $= \mathbb{E}[Y(1) - Y(0)]$ .

| Unit | $T_i$ | $Y_i(0)$ | $Y_i(1)$ | $\tau_i$ |
|------|-------|----------|----------|----------|
| Ann  | 1     | ?        | 7        | ?        |
| Bob  | 0     | 4        | ?        | ?        |
| Cara | 1     | ?        | 9        | ?        |
| Dan  | 0     | 3        | ?        | ?        |

$$Y_i^{\text{obs}} = T_i Y_i(1) + (1 - T_i) Y_i(0)$$

# 4. Naive difference = causal effect + selection bias

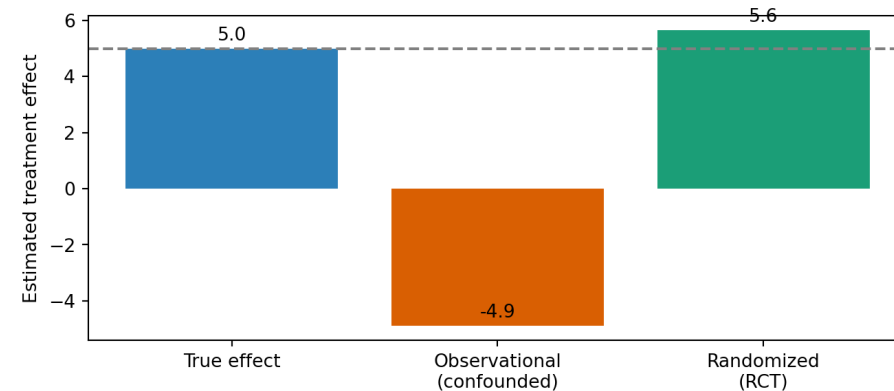
**Naive difference in means = causal effect + selection bias.** Simpson's paradox is what selection bias looks like in a table: within-group and overall comparisons can point in opposite directions.

$$\underbrace{\mathbb{E}[Y(1) \mid T=1] - \mathbb{E}[Y(0) \mid T=0]}_{\text{naive difference}} = \underbrace{ATT}_{\text{causal}} + \underbrace{\mathbb{E}[Y(0) \mid T=1] - \mathbb{E}[Y(0) \mid T=0]}_{\text{selection bias}}$$

# 5. Randomization zeroes the bias term

Randomization makes treatment independent of potential outcomes, so the selection-bias term is zero and the naive difference is unbiased for the ATE.

$$\{Y_i(0), Y_i(1)\} \perp\!\!\!\perp T_i$$



True effect +5; sicker patients likelier to be treated  $\Rightarrow$  observational -4.9; coin flip  $\Rightarrow$  +5.6.

# In-Class Activity

# Activity: confounding scenarios, then watch regression lie

Goal: classify real-world comparisons (confounded / reverse / Simpson / randomized) and name the confounder; recompute a Simpson's-paradox table by hand and *adjust* it; then simulate a confounder with a known true effect  $\beta$ , watch  $Y \sim X$  get it wrong,  $Y \sim X + Z$  recover it, and randomization make the naive fit right — and finally condition on a **collider** and watch a spurious effect appear from nothing.

- Work in groups of 2–3. Open **your section's** notebook (different scenarios, table, and  $\beta$ ).
- Parts marked (**autograded**) are submitted to Gradescope; the rest is participation.
- Staff will circulate — be ready to explain any part of your work.
- Dependencies: `numpy`, `pandas`, `matplotlib`, `statsmodels`.

Section A1

 Open in Colab

Open on GitHub

Section B1

 Open in Colab

Open on GitHub

# Going deeper

Full lecture notes: [Causal Inference I: Correlation, Causation, and Counterfactuals](#)

- [What does a coefficient mean?](#) — the two readings, side by side
- [A regression you would recognize](#) — the ice cream / drowning fit and its data-generating code
- [Confounding](#) — definition; adjusting by adding `temp`
- [Two different questions](#) —  $P(Y \mid X)$  vs.  $P(Y \mid do(X))$ ; [the ladder of causation](#)
- [Where do spurious associations come from?](#) — the five sources
- [The potential outcomes framework](#), [the fundamental problem](#), [the ATE](#)
- [Selection bias](#) — the decomposition of the naive difference
- [Kidney stones](#) and [Berkeley admissions](#) — Simpson's paradox in real tables
- [The gold standard: randomized experiments](#) — independence kills the bias term; the simulated drug study
- Next: [Causal Inference II](#) — causal graphs, what to adjust for and what *not* to