

# Continuous Treatment: Methods Comparison

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## 1 Introduction

In various business contexts, particularly within tech companies like Snap, the treatment variable of interest often manifests as a continuously varying metric rather than a binary one. For example, within the domain of monetization, our research focuses on discerning the nuanced impact of ad frequency on user conversions and the influence of ad load on user engagement. In the realm of engineering, our inquiry extends to understanding how factors like app latency affect user engagement, allowing us to determine the appropriate level of engineering investment needed to enhance latency metrics. In the sphere of marketing, our attention shifts towards assessing the influence of geolocation events and campaigns on local engagement, particularly in relation to proximity. This includes understanding the diminishing effect of billboards or local community events as distance from the target location increases. In the domain of sales, our primary interest revolves around examining how sales respond to variations in coupon quantities. Accurate estimations in these realms are pivotal in guiding our efforts to optimize advertising strategies.

To comprehensively address these multifaceted business inquiries, we go beyond computing the Average Marginal Effect (AME), which quantifies the average change in outcome variables when the continuous treatment variable increases by one unit. We are equally committed to (1) elucidating the Dose Response Curve (DRC) to understand how the outcome variable responds to the continuous treatment variable in a non-linear fashion, and (2) estimating the marginal effect at specific points along the continuous treatment variable.

There are many methods to estimate the Dose Response Curve and marginal effect at each dose. [14] propose a method to regress outcome variable on the continuous treatment and include Generalized Propensity Score (GPS) as a covariate. [12] propose a method about matching or subclassifying on the propensity function. [21] propose inverse probability weighting (IPW) method to estimate the average marginal effect of a continuous treatment. This method is further considered and developed by [5] and [9]. Instead of using the IPW-based method to make the continuous treatment and observed confounders orthogonal, there is a series of newly developed balancing methods for continuous treatment directly minimize the correlation between the continuous treatment and observed confounders [23, 24, 1, 10] estimate the generalized propensity score (GPS) and achieve balance simultaneously [6]. We can

also estimate the dose-response curve by doubly robust approaches. [15] propose a kernel smooth approach while [4, 16] focus on using double/debiased machine learning techniques.

Within the context of tech companies like Snap, the consideration of scalability plays a pivotal role in selecting appropriate methods, particularly when dealing with datasets comprising millions of observations. This study places its primary focus on two emerging methodologies with the potential to efficiently handle the estimation of continuous treatment effects for vast numbers of analysis units: entropy balancing for continuous treatment ([23, 24]) and double/debiased machine learning for continuous treatment ([4]). To evaluate their performance, we employ semi-synthetic data, generated based on actual Snapchat user data, to replicate intricate, non-linear relationships among outcome variables, continuous treatment, and observed confounding factors, subsequently employing this simulated data to compare the performance of these two methodologies. In the context of the double/debiased machine learning method, we additionally assess the performance of various machine learning algorithms.

## 2 Methods for Continuous Treatment

### 2.1 Identification Assumptions of Continuous Treatment

The identification of continuous treatment relies on some conditions. For any value ( $d$ ) of the continuous treatment  $D$ , we have ([13]):

- Weak unconfoundedness:  $Y(d)|X$ .
- Common support:  $f(D = d|X) > 0$ .
- Balancing condition:  $X(d) = X$ .

For continuous treatment, we usually focus on two estimates:

- Average treatment effect at any treatment value  $d$ :  
 $ATE(d) = E[Y(d)] - E[Y(0)]$ .
- Marginal treatment effect at any treatment value  $d$ :  
 $MTE(d) = \frac{\partial E[Y(d)]}{\partial d}$

### 2.2 Balancing Approach

The balancing approach encompasses a set of weighting techniques designed to minimize the correlation between

treatment variables and observed confounding factors. A notable method within this approach is entropy balancing, pioneered by [11]. Initially devised for estimating treatment effects in binary variables, entropy balancing has demonstrated doubly robust properties when applied to linear data generation, as validated by [26]. [23, 24, 1] further extend entropy balancing to handle continuous treatment. Essentially, in the context of continuous treatment, entropy balancing seeks to determine a set of weights denoted as  $w$  that minimize the covariance between the continuous treatment variable and each observed confounder. This optimization is achieved while preserving the distributions of both the continuous treatment variable and all observed confounders. It is formalized below [24]:

$$\begin{aligned} \min_w \sum_{i=1}^N w_i \log\left(\frac{w_i}{N}\right), \text{ subject to} \\ \sum_{i=1}^N w_i (X_{ij}^p - \mu_j^p)(D_i - \mu_D) = 0, \sum_{i=1}^N w_i = 1, \\ \sum_{i=1}^N w_i (D_i^q - \mu_D^q) = 0, \sum_{i=1}^N w_i (X_{ij}^q - \mu_{X_{ij}^q}^q) = 0. \end{aligned}$$

In which  $j$  refers to the dimension of observable and  $p, q$  are related moments.

After calculating the balancing weights, a nonlinear model (e.g. local linear regression, generalized additive model, etc) can be applied to estimate the dose response curve and marginal effect at each point.

Overall, the balancing approach offers scalability advantages. As outlined in a recent discussion by [19], it can be readily implemented within distributed computing frameworks like Spark and Hive. However, it does have a limitation in its ability to handle intricate interactions between variables, which can be overcome by complex machine learning algorithms.

## 2.3 Machine Learning Method

In contrast to the balancing approach, the machine learning method offers distinct advantages by integrating variable selection and exhibiting flexibility in capturing nonlinearities and interactions. [3] present a double/debiased machine learning approach for calculating treatment effects in binary treatments and average marginal effects in continuous treatments. Building upon this foundation, [4] further extend the framework to estimate dose-response curves and marginal effects at various dosage levels. In the following section, we provide a concise overview of this methodology and explore considerations for selecting appropriate machine learning models.

### 2.3.1 Double Debiased Machine Learning for Continuous Treatment

The estimation procedure of the double/debiased machine learning method for continuous treatment in [4] is divided

into the following steps:

- Step 1. (Cross-fitting) Data sample is randomly partitioned into  $L$  distinct groups  $I_\ell, \ell = 1, \dots, L$ . For each  $\ell = 1, \dots, L$ , the estimators of outcome model,  $\hat{\gamma}_\ell(d, x)$  for  $\gamma(d, x) \equiv \mathbb{E}[Y | D = d, X = x]$ , and selection model,  $\hat{f}_\ell(d | x)$  for  $f_{D|X}(d | x)$ , are estimated by the observations not in  $I_\ell$ .
- Step 2. (Dose response curve) The double debiased ML (DML) estimator is defined as

$$\hat{\beta}_d \equiv \frac{1}{n} \sum_{\ell=1}^L \sum_{i \in I_\ell} \left\{ \hat{\gamma}_\ell(d, X_i) + \frac{K_h(D_i - d)}{\hat{f}_\ell(d | X_i)} (Y_i - \hat{\gamma}_\ell(d, X_i)) \right\},$$

where the generalized propensity score,  $\hat{f}_\ell(d | X_i)$ , is estimated by a kernel-based estimation method by following the reciprocal of the generalized propensity score (GPS).

- Step 3. (Marginal effect) Let  $d^+ \equiv (d_1 + \eta/2, d_2, \dots, d_{k_d})'$  and  $d^- \equiv (d_1 - \eta/2, d_2, \dots, d_{k_d})'$ , where  $\eta$  is a positive sequence converging to zero as  $n \rightarrow \infty$ . We estimate the partial effect of the first component of the continuous treatment  $\theta_d \equiv \partial \beta_d / \partial d_1$  by  $\hat{\theta}_d \equiv (\hat{\beta}_{d^+} - \hat{\beta}_{d^-}) / \eta$ .

### 2.3.2 Machine Learning Model Selection

The question of the type of machine learning algorithm that will deliver good potential for estimating dose response curves and marginal effects deserves further investigation within the double/debiased machine learning framework.

Boosting algorithms, a prominent class of ensemble methods, emerge as a compelling candidate in this pursuit. They exhibit the capability to enhance the predictive accuracy and robustness of models, especially when faced with complex and high-dimensional data. However, conventional tree-based models, exemplified by XGBOOST ([2]), can encounter challenges in estimating marginal effects due to their rigid split training process, which hinders appropriate estimation. Addressing this limitation, [7] introduce a innovative tree-based machine learning model: boosting smooth transition regression trees (BooST). Unlike its predecessors, BooST transcends boosting regression trees by extending regression trees into smooth transition regression trees, thereby replacing hard divisions with soft splitting. This innovation endows BooST with a critical advantage—it allows for differentiation in covariates and facilitates the analytical calculation of marginal effects. As a result, BooST presents a pivotal advancement in the realm of estimating dose-response curves and marginal effects within the double/debiased machine learning framework.

In addition, deep learning has achieved unprecedented success in a great deal of prediction problems, which is largely explained by its considerable capacity of learning the unknown structures in prediction tasks. The various universal approximation theorems of deep learning have justified its effectiveness in approximating functions [20, 22, 17, 18]. As a result of the expressive power of

DNN for approximating functions, we propose deep neural networks as a nonparametric model to recover partial derivatives and participate in estimation competitions.

## 3 Simulation

### 3.1 Data Generating Process

Two data generating processes are performed to investigate the estimation preciseness of dose response curve and its corresponding partial derivatives among the balancing approach and machine learning methods.

#### 3.1.1 Friedman Model

The first synthetic data generation process to be considered is the classical data generation process in machine learning first proposed by [8]. The outcome model is

$$y = f(\mathbf{x}) + u \\ = 20\sin(\pi x_1 x_2 + 5) + 20(x_3 - 0.5)^2 + 10x_4 + 5x_5 + u$$

and selection model is specifically designed by

$$x_1 = \sin(x_2 x_3) - \cos(x_3 x_4) + \sin(x_5^2) + \sin(x_4 - x_5^2),$$

where the Gaussian noise  $u$  follows  $N(0, \sigma^2)$  with  $\sigma = 5$  and  $x_i \sim N(0, 1)$  for all  $i \in \{1, 2, 3, 4\}$ . The role of  $x_1$  in Friedman outcome model represents a high interactive component with other features, which means its first order derivative is varying and influenced by other variables.

#### 3.1.2 Regression in Tensor Product Spaces by the Method of Sieves (RTPS)

Second, semi-synthetic data generated by 20 million users with 65 dimensions is utilized to evaluate the performance of various machine learning models and balancing approach. To produce highly interacted model function structures that can be fairly compared, we employ [25]’s linear sieve model in tensor product space (RTPS), which is easily applied to nonparametric multivariate problems with appealing computational and statistical properties. The steps to generate semi-synthetic data are following:

- Step 1. We randomly select  $2N$  ( $N = 10$  Million) users from whole population and divide it into a training dataset and testing dataset.
- Step 2. With a training dataset, We train the generalized propensity score  $\hat{f}(D = d|X)$  and regression model  $\hat{\gamma}(D, X)$  by corresponding multi-variate linear sieve models in tensor product space developed by [25].
- Step 3. Simulate continuous treatment assignment: with a testing dataset, we generate the continuous treatments  $\hat{D}_{ij} = \hat{f}(D_i|X_i) + \hat{v}_j$  where  $\hat{v}_j$  is sampled with replacement from the residuals of fitting generalized propensity score in training dataset.

- Step 4. Simulate outcome variable: with the same logic, we generate the predicted outcome  $\hat{Y}_{ij} = \hat{\gamma}(\hat{D}_{ij}, X_i) + \hat{\epsilon}_j$  where  $\hat{\epsilon}_j$  is sampled with replacement from the residuals of fitting regression model in training dataset.

### 3.2 Results

Within this section, we undertake a performance evaluation, contrasting the effectiveness of the balancing approach against various machine learning methodologies for the estimation of both dose-response curves and marginal effects at varying doses. Furthermore, we engage in a discussion regarding the indispensability of the double machine learning process, enhanced by cross-fitting, as elaborated in [4].

#### 3.2.1 Balancing approach moment and model selection

In the context of the balancing approach, we examine various combinations of balancing model moments ( $m = 1, 2, 3$ ) and two dose-response curve models (LOESS and GAM<sup>1</sup>). When working with data generated using the Friedman model (characterized by low dimensions and a sample size of 10,000), we assess the performance of all six combinations of balancing moments and dose-response curve models. In the case of data generated using the RTPS model, particularly when dealing with high-dimensional data and a small sample size (10,000), we limit our evaluation to the moment = 1 setting, as balancing all second and third moments becomes infeasible in high-dimensional scenarios. Lastly, for data generated using the RTPS model with a large sample size (1 million), our assessment focuses solely on the GAM model, as the LOESS model lacks scalability for such extensive datasets.

In Figure 1, the following observations come to light: (1) In the context of the Friedman model, the balancing approach, while introducing some bias, effectively reconstructs the shape of the dose-response curve. However, when dealing with the RTPS model, the balancing approach exhibits substantial bias and fails to accurately restore the true dose-response curve. (2) Contrary to the findings in [24], we note that increasing the balancing moments does not lead to a reduction in RMSE (Root Mean Square Error). (3) In a comparative analysis between the LOESS and GAM models, no clear superiority emerges in the context of the Friedman model. However, in the case of the RTPS model, the GAM model outperforms the LOESS model.

<sup>1</sup>We employ cross-validation to determine the optimal span for the LOESS model and the appropriate value of  $k$  for the GAM model.



Figure 1: Balancing approach moment and model comparison

### 3.2.2 Machine learning

#### Machine learning model selection

In Figure 2, we have implemented the double/debiased machine learning method as outlined in [4]. We then proceeded to compare the performance of various machine learning algorithms, including the best balancing approach model. Our analysis yielded the following key findings: (1) When estimating dose-response curves within the context of the Friedman model, the tree-based model consistently outperforms both the balancing approach and the DNN model. Impressively, Boostsmooth exhibits even better performance than XGBOOST. For the RTPS model, as Boostsmooth struggles to scalably handle high-dimensional data, and the DNN model fails to accurately estimate the generalized propensity score. It is worth noting that XGBOOST displays subpar performance with a 10K sample size but significantly improves its performance compared to the balancing approach when dealing with 1 million samples. (2) In the domain of marginal effect estimation, the balancing approach consistently demonstrates the best performance across the board.

However, we further dive into the performance comparisons of naive machine learning algorithms and balancing approaching in figure 3. The performance comparison landscape reveals interesting distinctions: (1) In the domain of marginal effect estimation within context of Friedman model, naive boosted smooth significantly outperform the rest of models. Under the RTPS model of 10K, the estimation of partial derivative by DNN beat the other models. These bring us to find that the defective performance of double ML is due to the inclusion or failure estimation of generalized propensity score in the double ML framework. In detail, the estimated generalized propensity score suffers from overly squeeze to 0 and incurs extreme bias to the naive estimation by ML outcome model at certain dose levels. (2) For the estimation of dose response curve

within RTPS model with 10K sample size, the Xgboost surpass the balancing approach this time. It inspires us realize that the slightly worse performance of estimating dose response curve by double machine learning with Xgboost is the adverse impact of introducing bias adjustment term by integration of generalized propensity score in the double machine framework.

The double/debiased machine learning process, augmented by cross-fitting, offers a theoretical solution to eliminate overfitting and achieve a doubly robust outcome. We were intrigued by the potential performance improvements it might bring to our simulated data. In our analysis, we focus on the machine learning model that exhibited the best performance for each data generation process, specifically Boostsmooth for the Friedman model and XGBOOST for the RTPS model. We then proceeded to compare the performance of the following specifications: (1) DML with Cross-Fitting (Baseline), (2) DML with Full Data, (3) Naive ML (Outcome Model Only) with Cross-Fitting, (4) Naive ML with Full Data. Our findings reveal that, overall, there is minimal disparity between estimates derived from full data and cross-fitting techniques in terms of . The primary distinction arises in the comparison between Naive ML and DML. Surprisingly, in all data generation processes, the Naive model outperforms DML in both dose-response curve estimation and marginal effects estimation. This leads us to reconsider the utility of kernel-based methods in estimating the selection model.



Figure 2: Double Machine learning algorithm comparisons

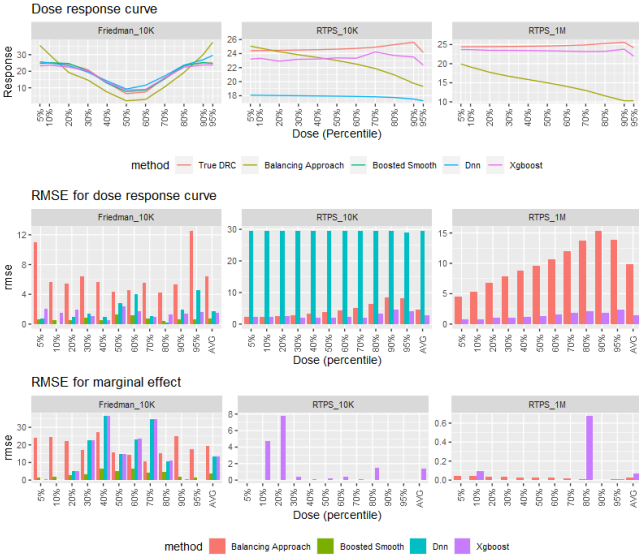


Figure 3: Naive Machine learning algorithm comparisons

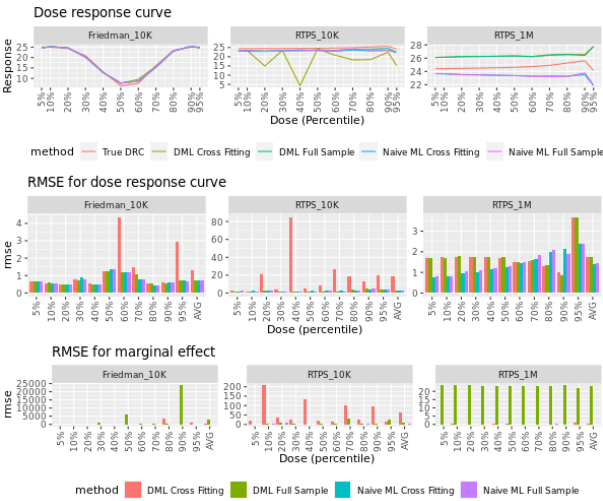


Figure 4: DML and Naive ML comparisons

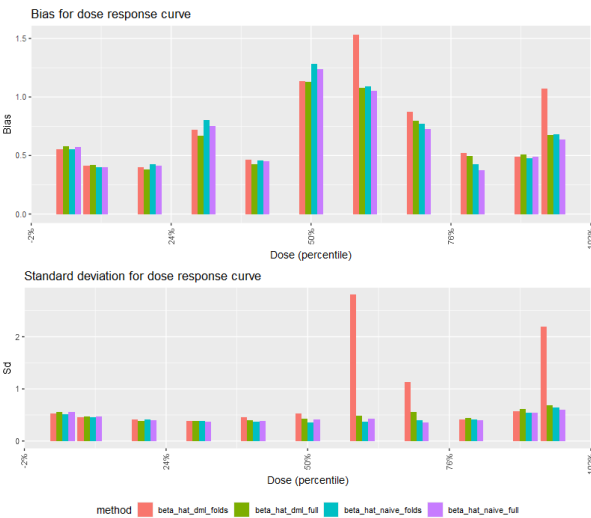


Figure 5: Bias and Sd of Boosted Smooth across DRC

<sup>2</sup>Originally, we expect that the DML method exhibits lower bias and higher variance and leads to relatively bad performance compared to naive MLs according to RMSE criterion.

## 4 Discussion

In this research, we conduct a comparative analysis between two state-of-the-art methods: the balancing approach and double/debiased machine learning, specifically for continuous treatment scenarios involving the estimation of dose-response curves and marginal effects at various dosage levels. Our findings indicate that machine learning techniques, particularly tree-based methods like XGBOOST and Boostsmooth, consistently outperform the balancing approach and DNN. Boostsmooth exhibits superior performance even when compared to XGBOOST. It prompts us to contemplate potential strategies for surmounting the method’s scalability limitations.

Additionally, we delve into an examination of the necessity of the double machine learning process, coupled with cross-fitting, as outlined in [4]. Surprisingly, our investigation reveals that Naive machine learning, which exclusively models outcomes, demonstrates superior performance when compared to the double machine learning process.

There are some potential explanations we found are related to the unexpected anomaly. The straightforward and intuitive explanation is following: the failure of precise estimation of generalized propensity score introduces extreme bias when integrating the influence function adjustment term into naive machine learning model. The correction term is intentionally derived for the cure of regularization bias as benefits while the ill estimation of generalize propensity score at certain dose levels brought the adverse impact of severe deviation to double machine learning method. In figure 5, we draw the bias-variance comparison of boosted smooth across double machine learning models and naive machine learning models in the Friedman model as the other models exhibit similar patterns. We can find that both bias and variance for DML are pretty higher than those of naive ML at certain dose levels, which further speaks to the above explanation of the ill performance of DML<sup>2</sup>. Despite the strong theoretical underpinnings of the double machine learning framework, we are prompted to reconsider the viability of the kernel-based selection model detailed in [4]. A further exploration of efficient and precise method to recover generalized propensity score is key step to revive the double machine learning framework for continuous treatment developed by [4].

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