



# Randomization Inference

## An Introduction

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Assume that you have data from an experiment with a binary treatment and continuous outcome variable.

**How would you analyze the “treatment effect” using these data?**

**What if I told you that the data come from a  
convenience sample?**

What if I told you that the data come from a convenience sample **and** there are only  $n = 8$  observations?

# A “reasoned basis for inference”



# The logic of randomization inference

Assume that we conducted a uniform randomized experiment with  $n = 6$  subjects where half the subjects receive treatment. Prior to assigning the treatment, we thus have random vector of *potential* treatment assignments:

$$\mathbf{T} = \begin{bmatrix} T_1 \\ \vdots \\ T_n \end{bmatrix} \quad (1)$$

And suppose that the *observed* treatment assignment is as follows:

$$\mathbf{T}^T = [0, 0, 1, 0, 1, 1]$$

Where  $T = 1$  implies receiving treatment and  $T = 0$  implies assignment to the control condition.

# The logic of randomization inference

Assume further that we collect data on a single outcome variable,  $y$ , and can define a **test statistic**,  $S$ , as follows:

$$S = f(y, \mathbf{T}) \quad (2)$$

That is, a statistic which is a function of the outcome and treatment assignment. For instance, the difference in means across the treatment and control conditions fits this criteria:

$$\Delta = \bar{y}_{T=1} - \bar{y}_{T=0}$$

However, this could be *any* function of outcome and treatment assignment; this offers considerable flexibility when choosing a statistic.

# Create example data in R

It is helpful to have a concrete empirical example. In **R**, you could run the following:

```
# Create sample data
set.seed(12345)
T <- c(0,0,1,0,1,1)
u <- rnorm(6, mean=0, sd=15)
y <- 50 + 10*T + u

# Define a function for the test statistic
S <- function(y, T){
  X <- cbind(y,T)
  return(mean(subset(X, T == 1, select = y)) -
          mean(subset(X, T == 0, select = y)))
}
```



# The logic of randomization inference

So our data would look like:

Subject	$y$	$T$
$i = 1$	58.8	0
$i = 2$	60.6	0
$i = 3$	58.4	1
$i = 4$	43.2	0
$i = 5$	69.1	1
$i = 6$	32.7	1

And thus our **test statistic** would be:

$$S = \Delta = 54.3 - 54.2 = -0.81$$

How do we define the **causal effect** of treatment?

# The potential outcomes framework

Using the so-called “Rubin Causal Model,” the causal effect of treatment is defined in terms of the **potential outcome** under treatment and control for each subject:

$$Y_i(1) - Y_i(0)$$

This quantity is unobservable leads to Holland’s **fundamental problem of causal inference**: at most, we can only observe one of these potential outcomes.

# Causal inference and missing data

Subject	$y$	$T$	$Y(0)$	$Y(1)$
$i = 1$	58.8	0	58.8	?
$i = 2$	60.6	0	60.6	?
$i = 3$	58.4	1	?	58.4
$i = 4$	43.2	0	43.2	?
$i = 5$	69.1	1	?	69.1
$i = 6$	32.7	1	?	32.7

# The **sharp** null hypothesis

In the randomization inference framework, one focuses directly on the **sharp null hypothesis**:

$$H_0: Y_i(1) - Y_i(0) = 0 \text{ for all } i$$

This is the null hypothesis that experimentalist are typically interested in: “no causal effect” of the treatment.

Notice what “no effect” implies: subject  $i$ 's potential outcomes under treatment and control are constant. Put differently, the observed value of  $y$  is assumed **constant regardless of the treatment a subject receives**. So one can “flip” from treatment to control without impacting  $y$ .

# The **sharp** null hypothesis

For *this particular randomization*, we can thus impute the missing potential outcome under the **sharp null hypothesis**:

Subject	$y$	$T$	$Y(0)$	$Y(1)$
$i = 1$	58.8	0	58.8	58.8
$i = 2$	60.6	0	60.6	60.6
$i = 3$	58.4	1	58.4	58.4
$i = 4$	43.2	0	43.2	43.2
$i = 5$	69.1	1	69.1	69.1
$i = 6$	32.7	1	32.7	32.7

# Defining the **exact** null distribution

While all potential outcomes are constant under the sharp null, our test statistic will still vary based on who receives the treatment. Note that we can capture *all* of the possible ways that our test statistic could vary under the sharp null hypothesis by doing the following:

- 1 Permuting all possible random assignment vectors using the typical formula for a combination:

$$\binom{n}{k} = \frac{n!}{k!(n-k)!} \quad (3)$$

- 2 Calculate the test statistic,  $S$ , using each potential assignment vector and the (fixed) vector of outcomes,  $y$ .

# Permute all possible outcomes

$$\Omega = \left( \begin{array}{cc} \begin{bmatrix} 1 \\ 1 \\ 1 \\ 0 \\ 0 \\ 0 \end{bmatrix} & \begin{bmatrix} 1 \\ 1 \\ 0 \\ 1 \\ 0 \\ 0 \end{bmatrix} & \dots & \begin{bmatrix} 1 \\ 0 \\ 0 \\ 1 \\ 0 \\ 1 \end{bmatrix} & \begin{bmatrix} 1 \\ 0 \\ 0 \\ 0 \\ 1 \\ 1 \end{bmatrix} \\ \begin{bmatrix} 0 \\ 1 \\ 1 \\ 1 \\ 0 \\ 0 \end{bmatrix} & \begin{bmatrix} 0 \\ 1 \\ 1 \\ 1 \\ 0 \\ 0 \end{bmatrix} & \dots & \begin{bmatrix} 0 \\ 0 \\ 1 \\ 0 \\ 1 \\ 1 \end{bmatrix} & \begin{bmatrix} 0 \\ 0 \\ 0 \\ 1 \\ 1 \\ 1 \end{bmatrix} \end{array} \right) \quad (4)$$

**Note:**  $\binom{6}{3} = 20$  potential random treatment vectors.



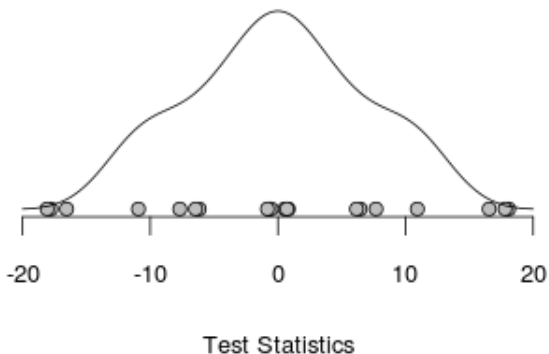
# Calculate $S$ for each vector (a little R code)

```
# Permute assignment indices
n <- 6
k <- 3
assign <- combn(seq(n), k)

# Define function to compute S under the null
compute.null <- function(y, assign.vec){
  n <- length(y)
  omega <- rep(0, times=n)
  omega[assign.vec] <- 1
  return(S(y, omega))
}

# Compute the null distribution
null.dist <- apply(assign, 2, compute.null, y=y)
```

# The null distribution



*Note:* Randomization distribution of  $S$ . Kernel density as overlay.

# The **exact** p-value

We can calculate the **exact p-value** directly from the null distribution. For a **one-sided** test (assuming a positive effect):

$$p = Pr(S \geq s_i | H_0) = \frac{\sum I((S \geq s_i))}{|\Omega|} \quad (5)$$

Where  $I$  represents the indicator function and  $|\dots|$  indicates the cardinality of the set (i.e., the number of elements). We can easily adapt (5) to accommodate a one-sided test in the opposite direction or a two-sided.

# Using R for exact p-value

```
# Calculate test statistic
test.stat <- S(y, T)

# Define function to calculate p-value (two-sided)
p.value <- function(null.dist, test.stat){
  left.side <- (sum(null.dist < test.stat)/
               length(null.dist))
  right.side <- (sum(null.dist > test.stat)/
                length(null.dist))
  two.side <- (sum(abs(null.dist) > abs(test.stat))/
              length(null.dist))
  return(list(left=left.side, two.side=two.side,
              right.side=right.side))
}
```

*Note:* The **two-sided** p-value for our example is 0.70.

# What about large $n$ studies?

Calculating the full exact distribution becomes computationally infeasible in large  $n$  studies. How do we get around this problem? We can use a Monte Carlo based procedure with a suitably high number of resamples (typically, 1,000 to 5,000 resamples).

**Example:** Suppose we now have a sample of  $n = 1000$  with 400 individuals assigned to treatment and 600 assigned to control. We could estimate the null distribution via the following sampling algorithm:

- 1 Hold the outcome variable,  $y$ , fixed at its observed value.
- 2 Randomly shuffle the treatment vector,  $T$ .
- 3 Estimate the test statistic, save, and repeat.

# What about the size and uncertainty of effects?

Researchers are often interested in a point estimate for the treatment effect and a confidence interval for that point estimate. We can do this in the randomization inference framework by **inverting the test**.

We do need to add two additional assumptions: 1) we now need SUTVA and 2) we need to specify a **model of effects**. Typically, one assumes additive, constant effects:

$$Y_i(1) = Y_i(0) + \tau \quad (6)$$

Basically, we would conduct a series of hypothesis tests with non-zero values of  $\tau$  and keep the values not rejected at the value of  $\alpha$  we have chosen.

# One other cool aspect of randomization inference

Parametric tests such may be fully nested in the randomization inference framework, provided that one can identify a suitable test statistic.

For instance, Cohen and Coan (2014) nest a parametric double-bounded dichotomous choice model of contingent valuation.