



Financial Econometrics II – Cross Section and Panel Data

Difference-in-differences

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- **Motivation**
 - Difference-in-differences – the basics
 - Difference-in-differences – implementation
 - Extensions: continuous treatment & staggered diff-in-diff

The setting

- Recap – if we have a model like

$$y = \beta_0 + \beta_1 x + u$$

and $cov(x, u) \neq 0$, then one of the key assumptions for **causal inference is violated**.

- Another way to think about this is that the distribution of x (also after controlling for other covariates) is **not random**.
- For instance: firms with low leverage may have higher profits because low leverage is more likely for firms with some omitted variable contained in u that is also associated with high profits.

Quasi-natural experiments

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- Ideally, the researcher could simply **run experiments** to achieve the necessary randomness.
 - In medicine, researchers randomly give a new drug to patients to determine the effect of this new drug.
 - In corporate finance, we generally **cannot** do this **random assignment**.
 - We cannot randomly assign a firm's leverage to determine its effect on profits.
 - Therefore, researchers in corporate finance rely on so-called **“quasi-natural experiments.”**

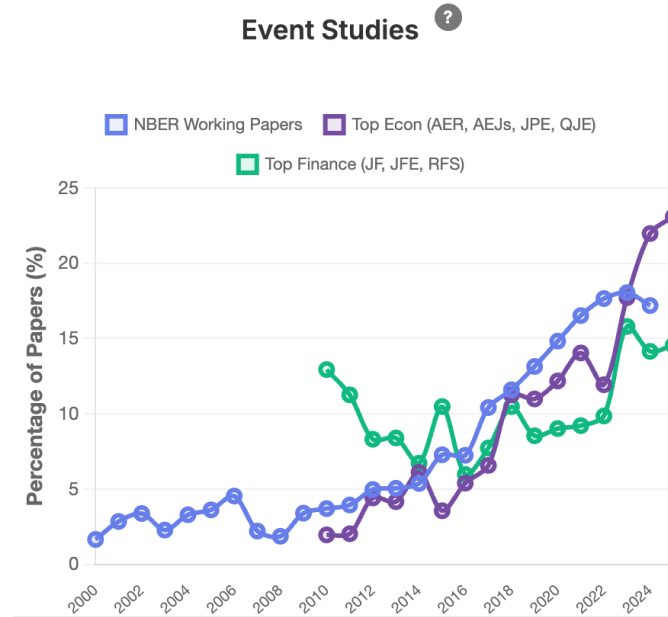
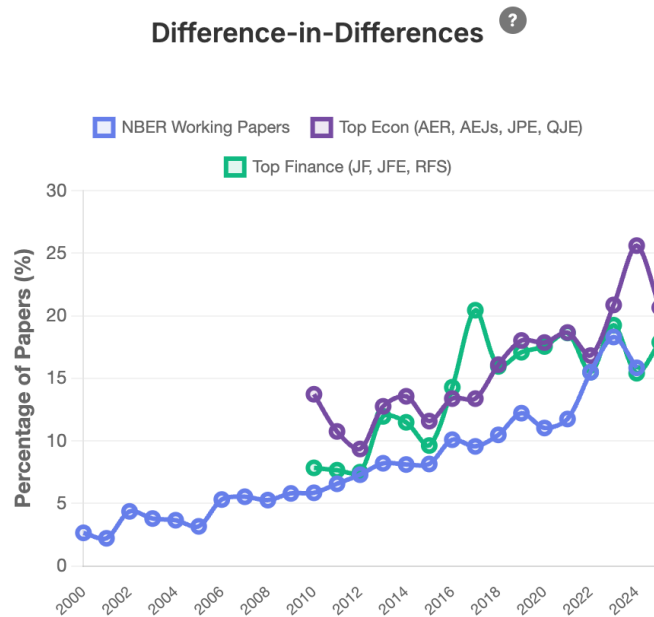
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- Quasi-natural experiments are events that cause random assignment or a change in a variable of interest x , typically in a panel setting.
 - Some regulatory change (often at state or country level) affects the leverage of a subset of firms.
 - A macro-level financial crisis differentially affects different firms depending on their debt maturity structure pre-crisis.
 - Using this type of differential quasi-random treatment to draw **causal inferences** in a panel setting is very popular, and usually referred to as a **difference-in-differences** approach.

Difference-in-differences

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- Intuition: DiD compares how outcomes change over time for a treated group versus a control group, and attributes the *extra* change in the treated group to the treatment.
 - Key assumption: absent treatment, the treated group would have experienced the same change as the control group
→ the control group's change is a credible counterfactual for what would have happened to treated units.

Difference-in-differences

- Difference-in-differences is an extremely popular approach – probably the main “identification technology” used in recent years
 - also in finance – from <https://paulgp.com/econlit-pipeline/dashboard.html>:



- Currie et al. (2020) note: “Over time, event studies have become almost synonymous with difference-in-differences: It is now rare to use difference-in-differences without showing an event study graph, and conversely it is rare to show event studies without a control group.”

Recent developments in DiD

- The popularity of DiD is likely due to the fact that it is very intuitive. And for a while, applied econ/finance researchers could follow a “standard playbook”.
- But: over the last ~7 years, **many** new methodological developments in this area. Will mention some of them, although cannot possibly cover them all.

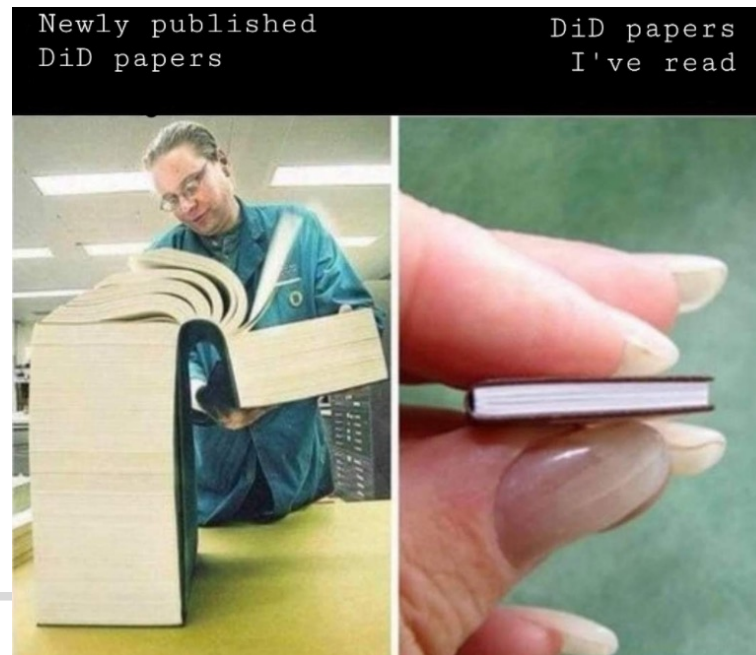


A rare photo of an applied economist keeping up with the difference-in-differences literature



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Recent developments in DiD



- Some recent surveys (will refer to the “*” ones later):
 - * Baker, Andrew, Brantly Callaway, Scott Cunningham, Andrew Goodman-Bacon and Pedro H. C. Sant'Anna. 2025. [Difference-in-Differences Designs: A Practitioner's Guide](#). *Journal of Economic Literature*.
 - de Chaisemartin, Clément and Xavier D'Haultfoeuille. 2023. [Two-way fixed effects and differences-in-differences with heterogeneous treatment effects: A survey](#). *Econometrics Journal*.
 - These authors are also working on a textbook on DiD – draft available at <https://ssrn.com/abstract=4487202>
 - Miller, Douglas L. 2023. [An introductory guide to event study models](#). *Journal of Economic Perspectives*.
 - * Roth, Jonathan, Pedro H. C. Sant'Anna, Alyssa Bilinski, and John Poe. 2023. [What's trending in difference-in-differences? A synthesis of the recent econometrics literature](#). *Journal of Econometrics*.
- For a great 2-hour overview, see the 2023 NBER Methods Lecture by Jesse Shapiro and Liyang Sun:
<https://www.nber.org/conferences/si-2023-methods-lectures-linear-panel-event-studies>

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- Motivation
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 - Difference-in-differences – implementation
 - Extensions: continuous treatment & staggered diff-in-diff

Notation (following Roth et al. 2023)

- Will start with the DiD estimator in the simplest, canonical case – binary treatment, two periods (pre/post)
 - example: the famous Card-Krueger (1994) minimum wage study comparing fast-food employment in NJ vs. PA before vs. after NJ increased the minimum wage
- Notation: $D_i = 0/1$: treated no/yes; $t = 1$ before treatm., $t = 2$ after
- Last lecture, briefly introduced “potential outcomes” – useful here:
 - Denote $Y_{i,t}(0)$ unit i 's potential outcome if untreated; $Y_{i,t}(1)$ if treated. Would ideally like Average Treatment Effect: $E[Y_{i,2}(1) - Y_{i,2}(0)]$
 - Observed outcome is $Y_{i,t} = D_i Y_{i,t}(1) + (1 - D_i) Y_{i,t}(0)$
 - DiD can uncover **Average Treatment Effect on the Treated (ATT)**:

$$\tau_2 = E[Y_{i,2}(1) - Y_{i,2}(0) | D_i = 1]$$

Two key assumptions

- The challenge in estimating τ_2 is that the untreated potential outcome $Y_{i,2}(0)$ for the treatment group is never observed
- The central idea behind DiD is that we can use the untreated group to construct this counterfactual outcome
- This requires the “**parallel trends**” (PT) assumption:
$$E[Y_{i,2}(0) - Y_{i,1}(0) | D_i = 1] = E[Y_{i,2}(0) - Y_{i,1}(0) | D_i = 0]$$
- In words: without treatment, the average outcome for the treated and untreated groups would have evolved in parallel
 - Note: this is about the *change* across the two periods, not the *level*
- DGP where this holds: $Y_{i,t}(0) = \alpha_i + \phi_t + \varepsilon_{it}$ with $E(\varepsilon_{it} | D_i) = 0$
 - Treatment can be related to α_i , but not to the trend ε_{it}

Two key assumptions

- Second key assumption is “**no anticipation**”:

$$Y_{i,1}(0) = Y_{i,1}(1) \text{ for all } i \text{ with } D_i = 1$$

- In words: in the pre-treatment period, getting *subsequently* treated does not affect outcome yet.

- What does this get us? Rearrange PT assumption from last slide:

$$\begin{aligned} E[Y_{i,2}(0)|D_i = 1] &= E[Y_{i,1}(0)|D_i = 1] + E[Y_{i,2}(0) - Y_{i,1}(0) |D_i = 0] \\ \text{(by no anticip.)} &= E[Y_{i,1}(1)|D_i = 1] + E[Y_{i,2}(0) - Y_{i,1}(0) |D_i = 0] \\ &\equiv E[Y_{i,1}|D_i = 1] \quad + E[Y_{i,2} - Y_{i,1} |D_i = 0] \end{aligned}$$

- So then we can identify

$$\begin{aligned} \tau_2 &= E[Y_{i,2}(1) - Y_{i,2}(0) |D_i = 1] \\ &= \underbrace{E[Y_{i,2} - Y_{i,1} |D_i = 1]}_{\text{change for treated}} - \underbrace{E[Y_{i,2} - Y_{i,1} |D_i = 0]}_{\text{change for untreated}} \end{aligned}$$

The difference-in-differences estimator

- To estimate

$$\tau_2 = E[Y_{i,2} - Y_{i,1} | D_i = 1] - E[Y_{i,2} - Y_{i,1} | D_i = 0]$$

we use the sample analogue:

$$\hat{\tau}_2 = (\bar{Y}_{t=2,D=1} - \bar{Y}_{t=1,D=1}) - (\bar{Y}_{t=2,D=0} - \bar{Y}_{t=1,D=0})$$

- Example from Card and Krueger (1994), where NJ was “treated” with an increase in minimum wage:

Variable	Stores by state		
	PA (i)	NJ (ii)	Difference, NJ - PA (iii)
1. FTE employment before, all available observations	23.33 (1.35)	20.44 (0.51)	-2.89 (1.44)
2. FTE employment after, all available observations	21.17 (0.94)	21.03 (0.52)	-0.14 (1.07)
3. Change in mean FTE employment	-2.16 (1.25)	0.59 (0.54)	2.76 (1.36)

Intuition – single differences

- Consider observing the treated group only, and attempting to estimate the treatment effect as

$$\bar{Y}_{t=2,D=1} - \bar{Y}_{t=1,D=1}$$

— This would “work” only if without the treatment, the expected outcome would have remained unchanged between the two periods.

- Conversely, consider observing only the post-period, and attempting to estimate the treatment effect as

$$\bar{Y}_{t=2,D=1} - \bar{Y}_{t=2,D=0}$$

— This would “work” only if without the treatment, the expected outcome would have been identical across the two groups – implausible unless treatment was fully randomly assigned.

- (See Roberts-Whited for more formal discussion of single-diff cases)

Difference-in-differences

- Rather than calculating means manually, we commonly use the regression version of the difference-in-differences estimator:

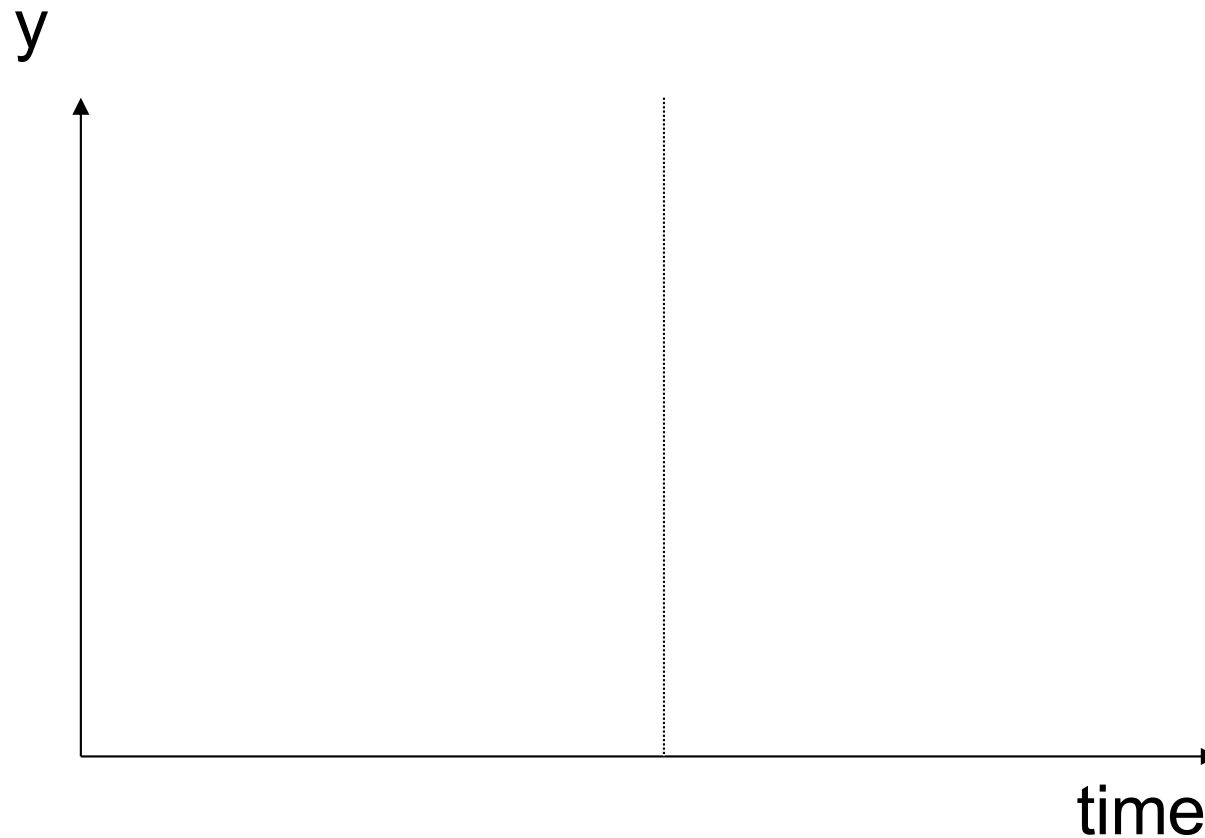
$$y_{i,t} = \beta_0 + \beta_1 p_t + \beta_2 d_i + \beta_3 (d_i \times p_t) + u_{i,t}$$

- p_t equals 1 if period t is after treatment, and zero otherwise
- d_i equals 1 if unit i is in treated group, and zero otherwise.
 - β_1 : measures average change in y due to trends common to both treated and control units
 - β_2 : measures average difference in level of y between treated and control units in the pre-treatment period.
 - β_3 : measures the average differential change in y from the pre- to post-treatment period for the treatment group **relative** to the change in y for the control group → can easily be shown to equal τ_2

Difference-in-differences

s:fi

$$y_{i,t} = \beta_0 + \beta_1 p_t + \beta_2 d_i + \beta_3 (d_i \times p_t) + u_{i,t}$$



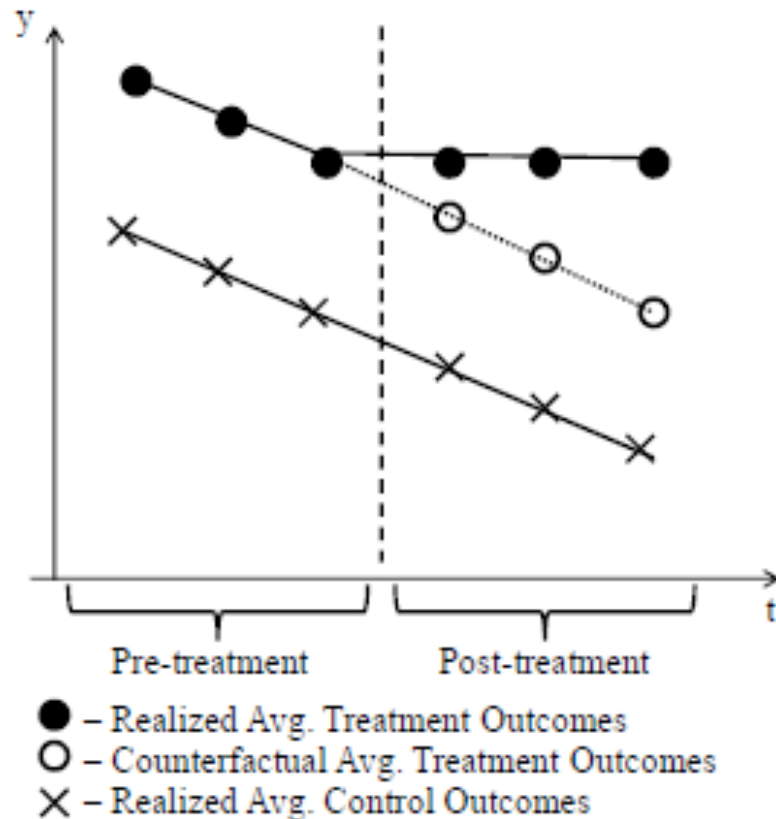
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- The difference-in-differences estimator takes care of two major **identification threats**:
 1. Any permanent, **time-invariant, difference between the treatment and control groups** is differenced away by inclusion of the d indicator variable.
 2. Any **common trend affecting both the treatment and control group** is also differenced away by inclusion of the p indicator variable.
 - Threats to the validity of the diff-in-diff estimator cannot come from permanent differences between the treatment and control groups, or shared trends.

More on parallel trends

- As seen above, the crucial assumption with diff-in-diff is the “**parallel trends**” **assumption**: In the absence of treatment, the average change in the outcome variable would have been the same for both the treatment and control groups.
 - Formally in the regression version:
$$\text{cov}(d, u) = \text{cov}(p, u) = \text{cov}(dp, u) = 0$$
 - Inherently untestable but can provide supportive evidence (later)
- If have multiple pre-treatment periods: requires trends in the outcomes for the treatment and control groups prior to the treatment to be the same.

Parallel trends assumption

Figure 1: Difference-in-Differences Intuition

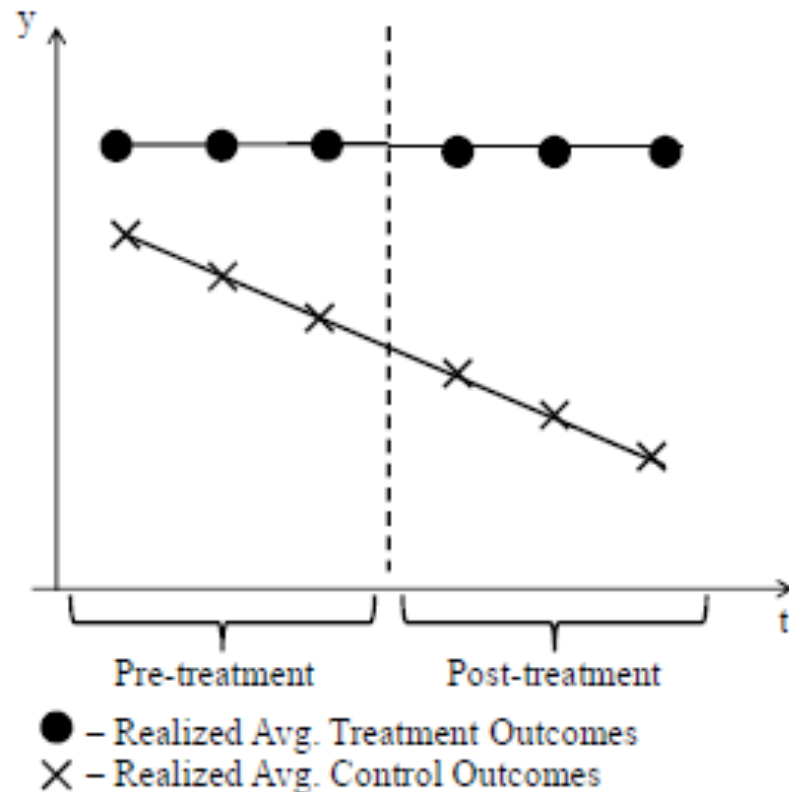


Source: Roberts and Whited (2012)

- Here, both series are trending, but that's not a problem, as long as trends in pre-treatment period are parallel
 - “kink” after treatment is what identifies the effect
- Level differences in pre-period are also fine but mean that the estimation may be sensitive to functional form assumptions (e.g. $\log(y)$ vs. y – relative vs. absolute changes)
 - also, with trends as depicted, could potentially estimate the model in first differences as well

Parallel trends assumption

Figure 2: Violation of the Parallel Trends Assumption



Source: Roberts and Whited (2012)

- Pattern depicted here is problematic for standard DiD estimator
 - Will estimate a large treatment effect just due to differential trends
- Absence of parallel pre-trends makes simple DiD estimator essentially “unusable”
 - But will return to this below
- Particular worry: treatment that happens **in response to** evolution before the treatment
 - “Squeaky wheel gets the grease”

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- Another, “hidden”, key assumption is the so-called “Stable Unit Treatment Value Assumption”, or **SUTVA**
 - Essentially, it means that a unit’s potential outcome is unaffected by **the treatment assignment of other units**
 - aka “no interference”
 - $Y_{i,t}(D_i)$ does not depend on $\{D_j, j \neq i\}$
 - In corporate finance / banking settings, **often not realistic**, since firms interact with each other (directly or via market)
 - e.g. law change in one state may affect firms in other states if their products are substitutes
 - Violations will lead to biased estimated treatment effects, although can often argue that sign of effect not affected
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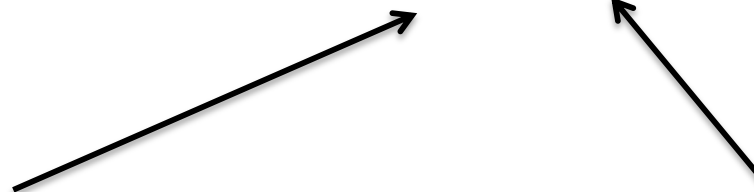
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- Berg, Reisinger and Streit (2021) contain thorough discussion of this issue, and advice for researchers
 - So far the issue has been mostly ignored in finance settings, but this will likely change going forward
 - Always worth keeping in the back of your mind when considering diff-in-diff designs – your life is much easier when you can argue that SUTVA holds
 - (Related: discussion of general eqm effects – see e.g. Nakamura and Steinsson, JEP 2018, for discussion in macro context.)

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General diff-in-diff estimator

- In a panel data set, we can add **firm and time fixed effects**:

$$y_{i,t} = \beta_0 + \beta_3(d_i \times p_t) + \alpha_i + \delta_t + u_{i,t}$$



Firm fixed effects control for the treatment assignment

Time fixed effects control for trends and subsume p_t

- This model may improve precision and fit
 - Intercept is allowed to vary by firm – may matter especially if have unbalanced panel
 - Allows common change in y to vary by time period (e.g. year)

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- Classic reference is Bertrand, Duflo, Mullainathan (2004). They discuss three approaches:
 1. Block bootstrap
 2. Collapse into pre/post
 3. **Clustering at the group level** – most common
 - With small number of clusters, even wild bootstrap may no longer work (e.g. famous Card-Krueger minimum wage study had just two groups: NJ and PA).
 - In such a case, may need to use randomization inference (see Cunningham section 4.2; Hagemann, JoE 2019, and other papers by same author)

The event study chart

- An extension that is very commonly done, if there are multiple time periods pre- and post-treatment, is the “**event study**” / “**dynamic diff-in-diff**”:

$$y_{i,t} = \alpha_i + \delta_t + \sum_{\ell=-q}^{-2} \gamma_{\ell} \mathbb{I}(t - T_{i0} = \ell) + \sum_{\ell=0}^m \lambda_{\ell} \mathbb{I}(t - T_{i0} = \ell) + u_{i,t}$$

- treatment starts at time T_{i0} (may differ across i)
- the γ_{ℓ} coefficients show differential evolution prior to the treatment. Would like those to be close to zero – “**no differential pre-trends**”
- the λ_{ℓ} coefficients show differential evolution after treatment – ideally “monotonic” and statistically significant (at least over some period). If effect only happens “late”, sheds doubt on validity.
- some flexibility as to which period is omitted (most common: -1, but also see 0 or start of pre-period)

Event study chart – examples

- Cunningham book, Section 9.4.3 discusses study by Miller et al. (QJE 2021) on how expansion of Medicaid in some states affected mortality. Time unit: years.
 - X-axis = “event time” because policy adoption staggered across states: 21 states expanded Medicaid in 2014, 3 states in 2015, 2 states in 2016, and 1 state in 2017. Cf. later

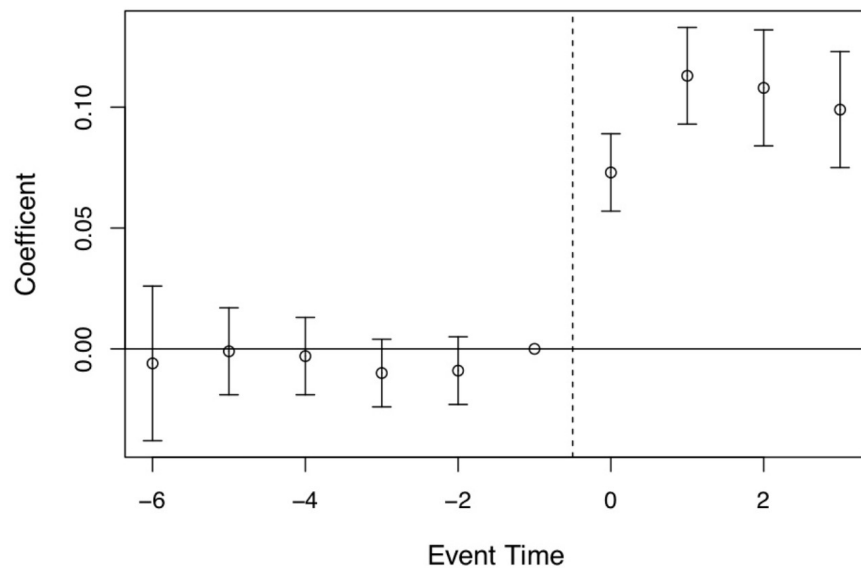


Figure 9.5: Estimates of Medicaid expansion's effects on coverage using leads and lags in an event study model. Reprint from Miller et al. (2019).

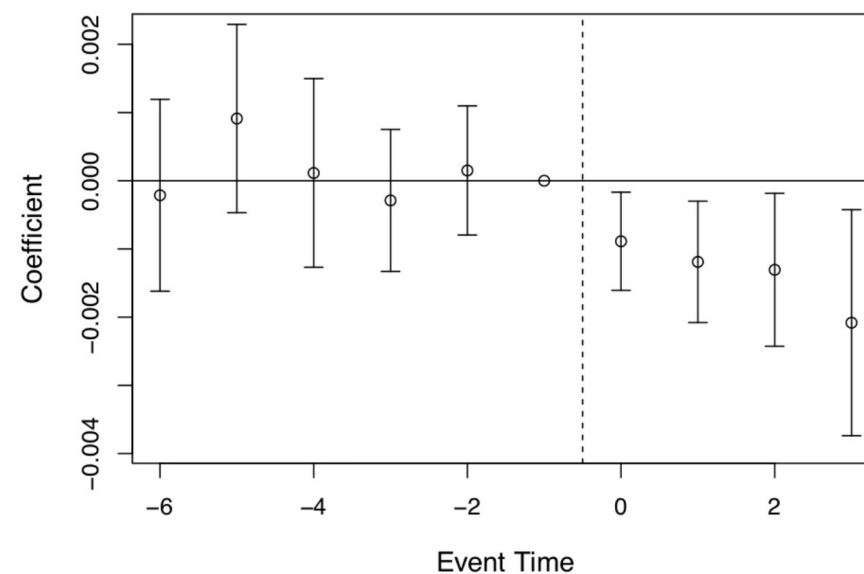


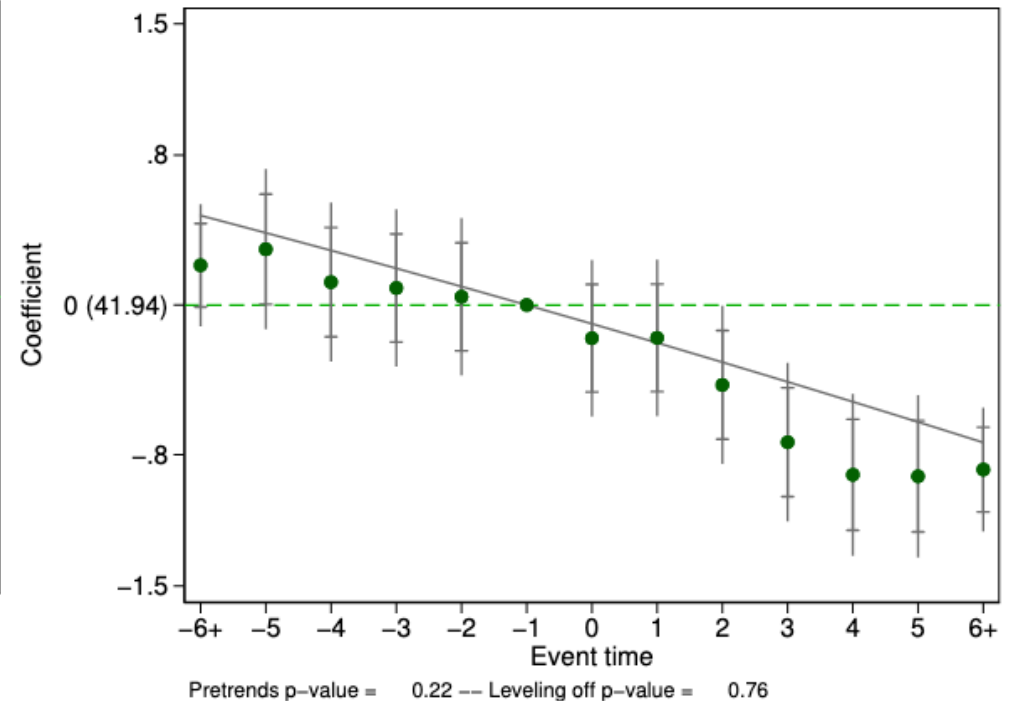
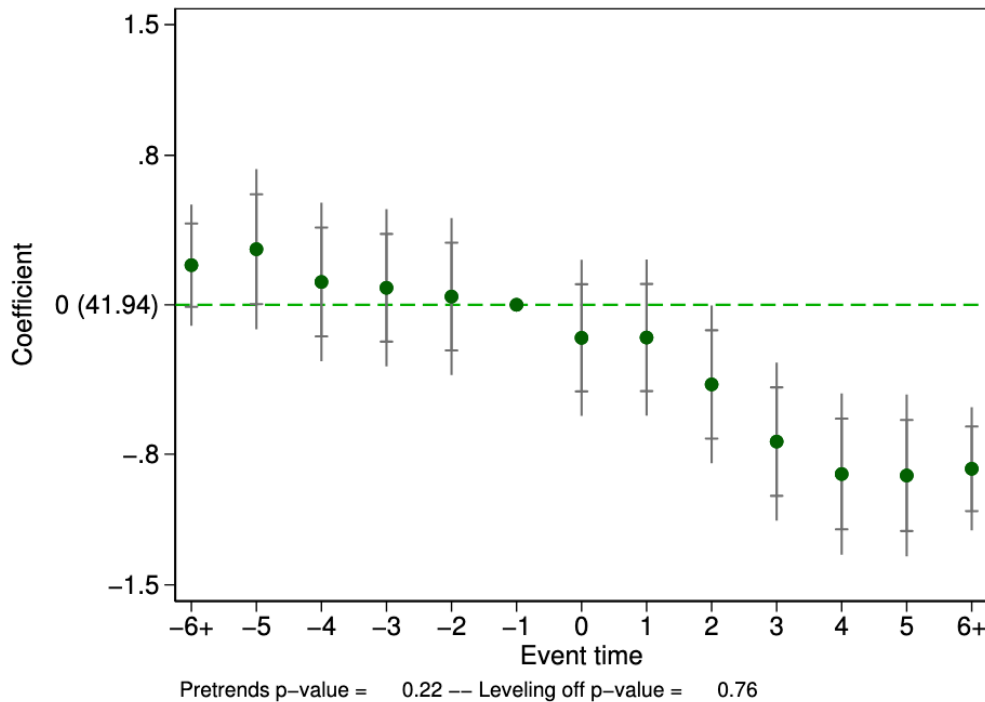
Figure 9.7: Miller et al. (2019) estimates of Medicaid expansion's effects on annual mortality using leads and lags in an event study model

Event study charts (and estimation) – “state of the art”

- Freyaldenhoven, Hansen, Pérez and Shapiro (2021) (<https://jorgeperezperez.com/files/EventStudy.pdf>) provide various recommendations for making event study plots more informative
 - incl. [video series on Youtube](#) and package (“xtevent” in Stata or “EventStudyR”)
- For instance:
 - include a label for the mean of the pre-period
 - plot “uniform sup-t” confidence bands for the path of the effect, in addition to pointwise confidence intervals
 - see also <https://ryanedmundkessler.github.io/software/>
 - add p -values for “no pre-trends” and “dynamics levelling off”
 - plot path of the “least wiggly” confound whose path cannot be rejected
- Note: they focus on cumulative effects of a policy, which may or may not be what we want to show

Event study charts (and estimation) – “state of the art”

- Examples from Freyaldenhoven et al.:



Charts illustrate an important issue with pre-trend testing: Limited power against alternatives (often do not reject the null of no pre-trend, but would also not reject the null of *some* pre-trend)

Notes on parallel trends / pre-trends



- Until recently, the consensus was: “no significant pre-trends” = good; “significant pre-trends” = you can’t run your DiD
- This consensus is starting to shift – see Freyaldenhoven et al. (AER 2019) & work by Jonathan Roth (<https://jonathandroth.github.io/papers/>)
- In particular “A More Credible Approach to Parallel Trends” (Rambachan & Roth, 2023) – propose tools for robust inference in DiD settings where parallel trends may be violated.
 - E.g. consider restriction that the magnitude of the post-treatment violation of parallel trends can be no larger than a constant \bar{M} times the maximal pre-treatment violation
 - Then, could report e.g. that the conclusion of a positive treatment effect is robust up to the value $\bar{M} = 2$.
 - Packages for Stata and R: <https://github.com/mcaceresb/stata-honestdid#honestdid>

The role of additional covariates (based on Baker et al., JEL 2025, Section 4)

- The outcomes $Y_{i,t}$ that we study are usually also affected by other variables $X_{i,t}$ aside from the treatment
- Therefore, one would ideally like the relevant $X_{i,t}$ to be balanced across treated and control group
 - if they are not, this casts doubt on the PT assumption

- Common diagnostic: Normalized difference in pre-treatment means:

$$Norm. Diff. = \frac{\bar{X}_T - \bar{X}_C}{\sqrt{S_T^2 + S_C^2}}$$

- Rule of thumb: $|Norm. Diff. | > 0.25$ is potentially problematic
 - Can also check balance in *changes* in covariates from pre to post, although these may themselves be affected by treatment
 - If you have balance, then adding covariates shouldn't matter much for your estimates (but you may gain some precision)
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The role of additional covariates (based on Baker et al., JEL 2025, Section 4)

- What to do if your groups are *not* balanced?
 - Appeal to **conditional parallel trends** assumption :
$$E[Y_{i,2}(0) - Y_{i,1}(0) | X_i, D_i = 1] = E[Y_{i,2}(0) - Y_{i,1}(0) | X_i, D_i = 0]$$
 - This requires “common support” or “strong overlap”, i.e. for any X_i , there are some treated units and some untreated ones
 - How to estimate? Most commonly, researchers just add the **pre-treatment** covariates $X_{i,1}$ to the TWFE regression from above
 - sometimes interacted with the post dummy (p_t)
 - **! Don't control for variables that the treatment can affect !**
 - **BUT!** This is not innocuous – with covariates, TWFE regression only recovers ATT under the (arguably restrictive) assumption that the treatment effect is identical across covariate groups
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The role of additional covariates (based on Baker et al., JEL 2025, Section 4)

- There exist estimators that have better properties in such a situation:
 1. “Regression adjustment” (RA): Using the *control units only*, estimate how outcome changes relate to X , then impute this for treated units
 2. “Inverse probability weighting” (IPW)
 - estimate propensity score p_i (= probability of being treated) as a function of $X_{i,1}$, e.g. via a logit
 - then give more weight to control units with higher p_i (“closer” to treated)
 - need to check that p_i not too close to 1, otherwise can be unstable; in that case may need to trim these observations
 3. “Doubly robust” estimator: ~combines RA and IPW, and gives a consistent estimator if at least one of the auxiliary models is “right”
 - e.g. “dstdid” or “cstdid” in Stata

Rarely seen in (published) finance papers so far, but this may change

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- Other common validity checks that researchers often perform:
 1. **Placebo tests #1:** Repeat the diff-in-diff analysis on pre-event years. That is, falsely assume that the onset of the treatment occurs one, two, three years before it actually does. The treatment effect should be statistically indistinguishable from zero.
 - event study chart essentially does that visually
 2. **Placebo tests #2:** Make sure that variables that **should be unaffected by the event are unaffected by the event.** Replace the outcome variable of interest in the empirical model with these other variables.

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3. **Diff-in-diff-in-diff (aka triple-differences):** can be seen as either another placebo (if there are subgroups that should not be affected by treatment) or as a test of mechanisms/ channels (e.g. some firms should be more affected than others)
 - as triple interactions can be hard to interpret, some authors prefer to do sample splits (and run DiD in subsamples)

 4. **Treatment reversal:** If there is a reversal of the treatment, it should cause a return to the pre-treatment behavior.

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 - **Extensions: continuous treatment & staggered diff-in-diff**

Extensions of basic framework

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- Two types of extensions of the basic DiD framework are commonly considered – traditionally without much discussion of underlying assumptions, but this has changed recently:
 1. Continuous treatment/exposure instead of binary treatment
 2. Staggered treatment (rather than single pre/post period)
 - In both cases, recent literature has emphasized that our standard TWFE estimators can be problematic **if treatment effects are heterogeneous** across units or over time (which is often plausible)

Continuous treatment

- Rather than having treated/untreated, in many settings the treatment is continuous – or different units get varying “doses” of the treatment
 - common when studying outcomes across locations with different shares of firms/households affected by some policy change
- Related to the Bartik IV design we discussed last time, but here we effectively run the “reduced form” only (and the “shifter” is pre/post rather than some aggregate variable)
- Common to just run same DiD regression with d_i continuous:

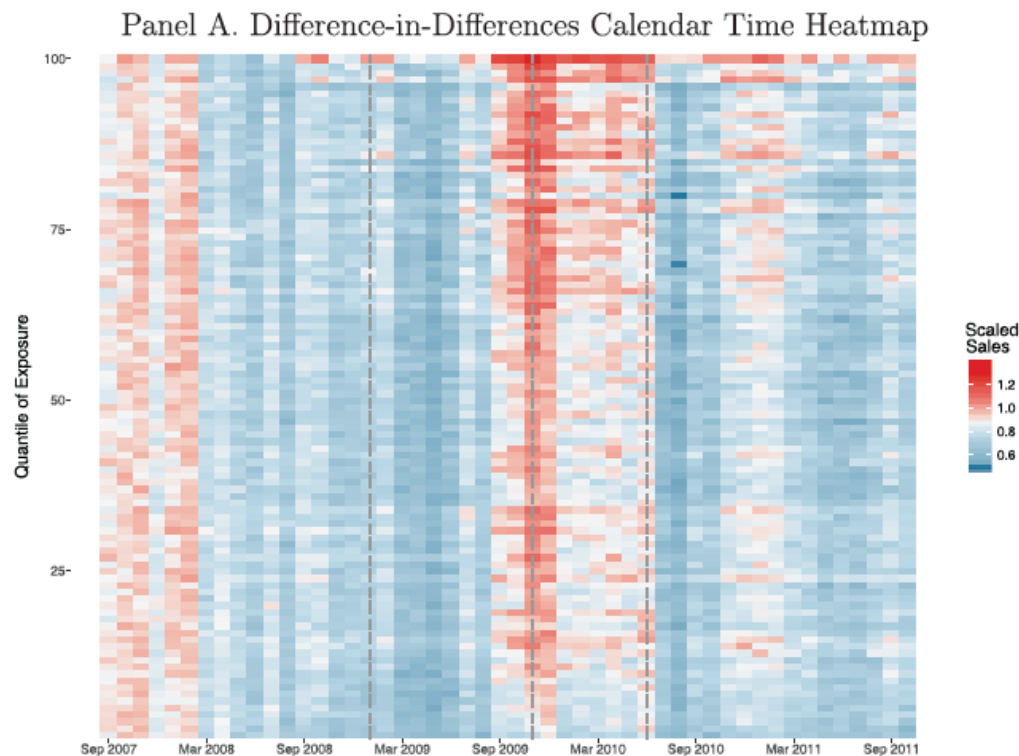
$$y_{i,t} = \alpha_i + \delta_t + \beta(d_i \times p_t) + u_{i,t}$$

Continuous treatment

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- Could also turn into dummies for above/below median exposure – that’s typically done for charts
 - But for estimation, appears more efficient to use all the variation
 - However, also effectively assume that effect of “treatment dosage” is linear
 - Useful to check that it is at least monotonic – and approximately linear
 - e.g. if have sufficient data, form dummies for quintiles/deciles and estimate effects for those
 - Example: Berger et al. (JF 2020) on effects of first-time homebuyer credit in 2008-10 on home sales across zip codes
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Berger et al. pre-trend & monotonicity “test” s:fi

- Exposure: “We define program exposure based on the number of potential first-time homebuyers in a ZIP code (...) [measured] as the year-2000 share of people in a ZIP code who are first-time homebuyers.”
- Effects on home sales over time by centile (b/c 9k ZIP codes):



Continuous treatment – caveat

- Recent work has shown that the TWFE estimator may not perform well in settings with **heterogeneous treatment effects**.
- In particular, Sun and Shapiro (2022) illustrate that when the treatment effects β_i are unit-specific, the regression

$$y_{i,t} = \alpha_i + \delta_t + \beta(d_i \times p_t) + u_{i,t}$$

may fail to recover a (weighted) average of these unit-specific effects and get a β estimate outside the range of all β_i (!)

- they discuss that having some totally untreated units (i.e. $d_i = 0$) can help obtain a better estimator (intuitive – this helps to “anchor” the counterfactual)
- see also Callaway, Goodman-Bacon and Sant'Anna (2024) for related discussion of issues with continuous treatments

Staggered diff-in-diff

- Often in finance, treatment doesn't happen for all units (e.g. states) at the same time – adoption over several years
- Then, “post” varies across units – a “**staggered**” DiD
— may have “always treated” or “never treated” units
- Very common – from Baker, Larcker and Wang (2022, “BLW”):

Table 1

Use of DiD and Staggered DiD in Finance and Accounting: 2000–2019.

	(1) DiD	(2) Staggered DiD
<i>Journal of Finance</i>	52	30
<i>Journal of Financial Economics</i>	163	85
<i>Review of Financial Studies</i>	138	75
<i>Review of Finance</i>	27	14
<i>Journal of Financial and Quantitative Analysis</i>	51	32
Finance	431	236 (55%)

Staggered diff-in-diff

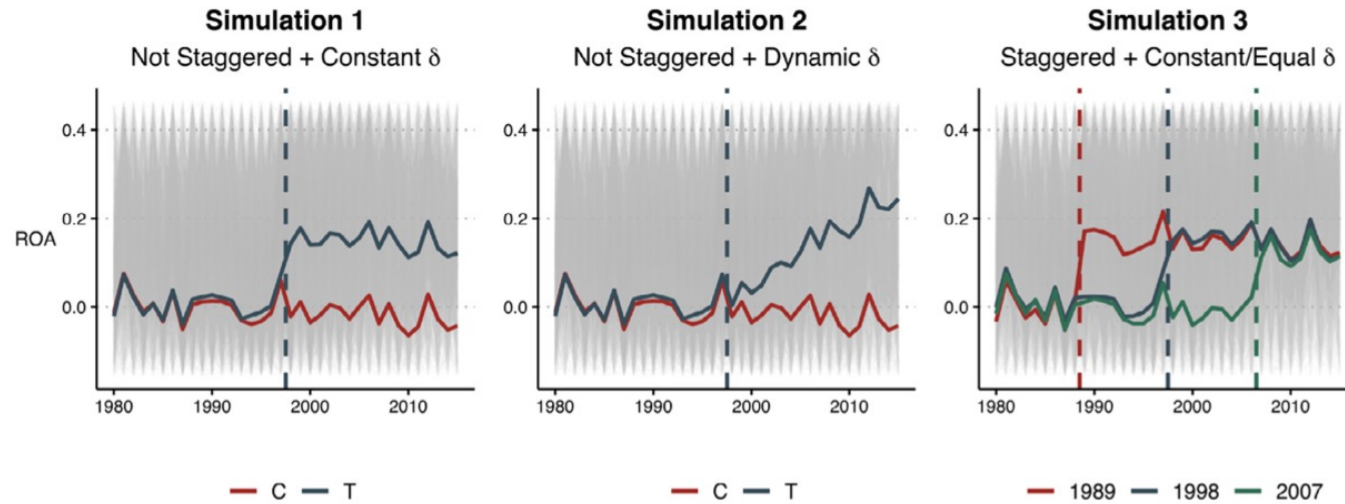
- While researchers approached this essentially in the same way as standard diff-in-diff – with TWFE regressions – a very active recent literature has pointed out potential issues with such designs
- These occur if treatment effects are **heterogeneous** – either across units or over time.
- Good entry point to the rapidly growing literature: BLW (2022), “How much should we trust staggered DiD?” (plus survey papers listed earlier, esp. Roth et al.)
 - <https://asjadnaqvi.github.io/DiD/> provides links to various packages in Stata and R

BLW simulations – illustrating when there is a problem

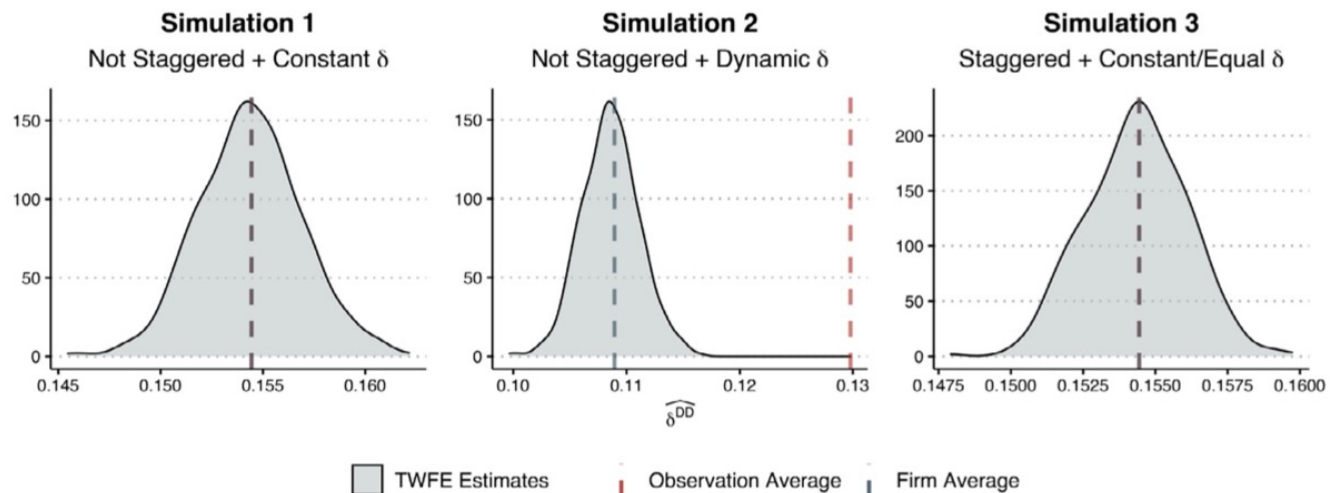
In these cases, TWFE DiD does “fine”:

(see paper for details about the simulations)

(i) Trends in Outcome Path



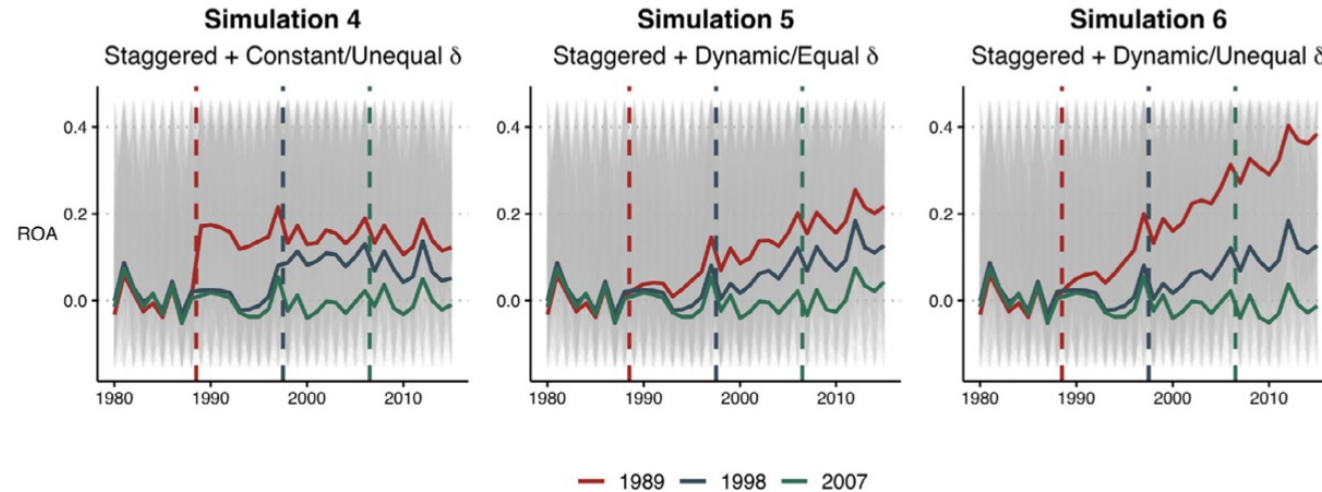
(ii) TWFE DiD Estimates on Simulated Data



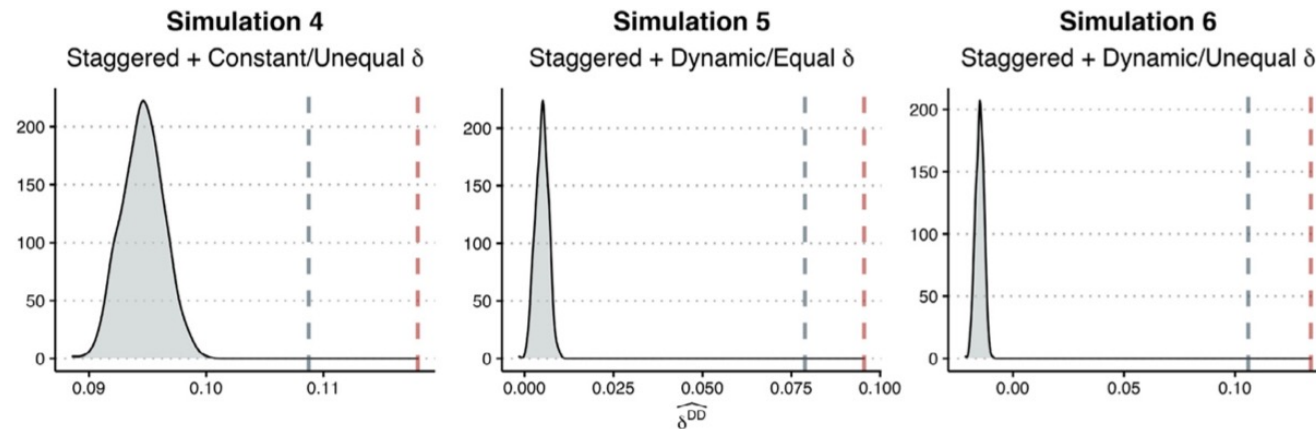
BLW simulations – illustrating when there is a problem

In these cases, TWFE DiD does much less fine – esp. Sim. 6, where the sign flips!

(i) Trends in Outcome Path



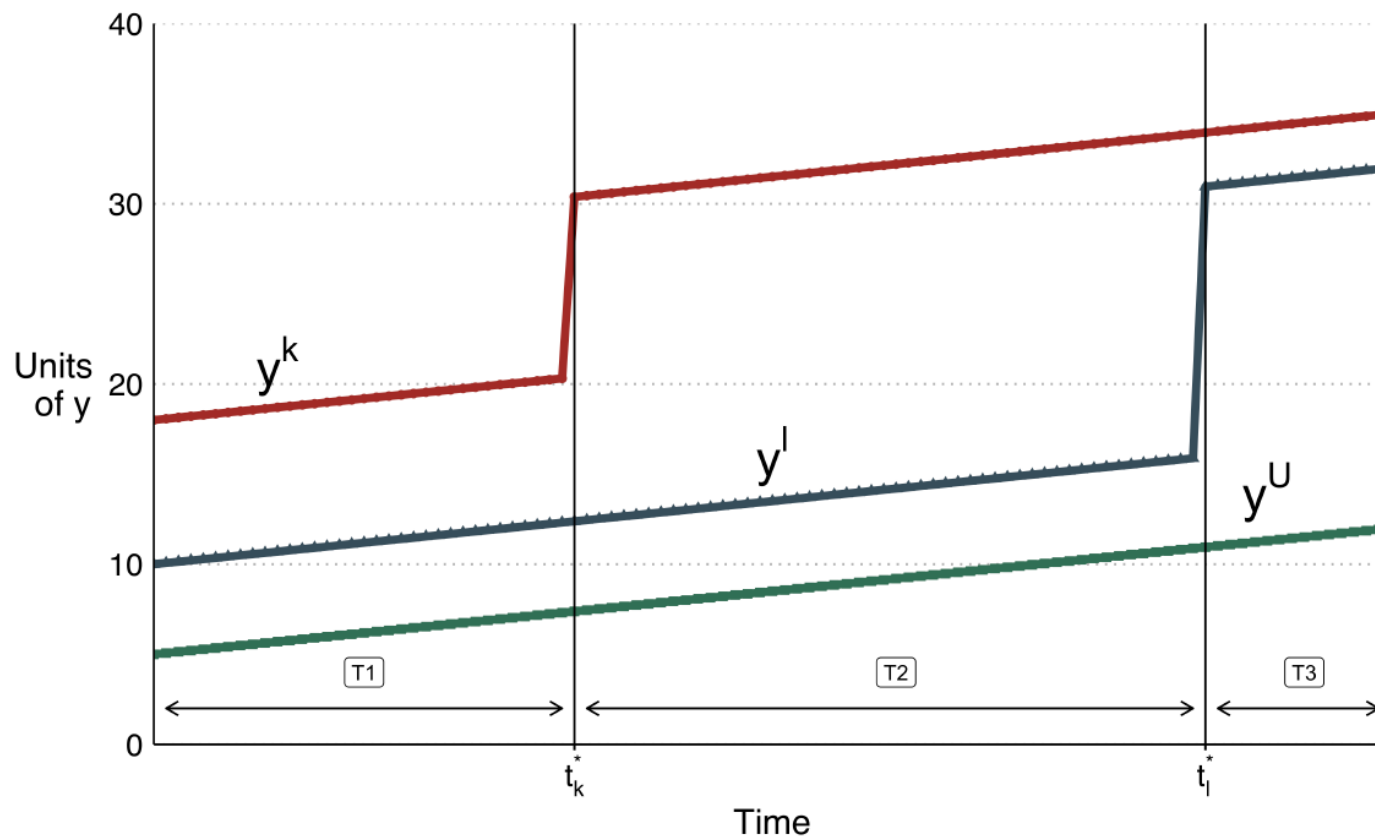
(ii) TWFE DiD Estimates on Simulated Data



What's the problem? Goodman-Bacon (2021) decomposition

- Stylized setting with three groups – TWFE DiD is a weighted average of all possible two-group/two-period DiD estimators

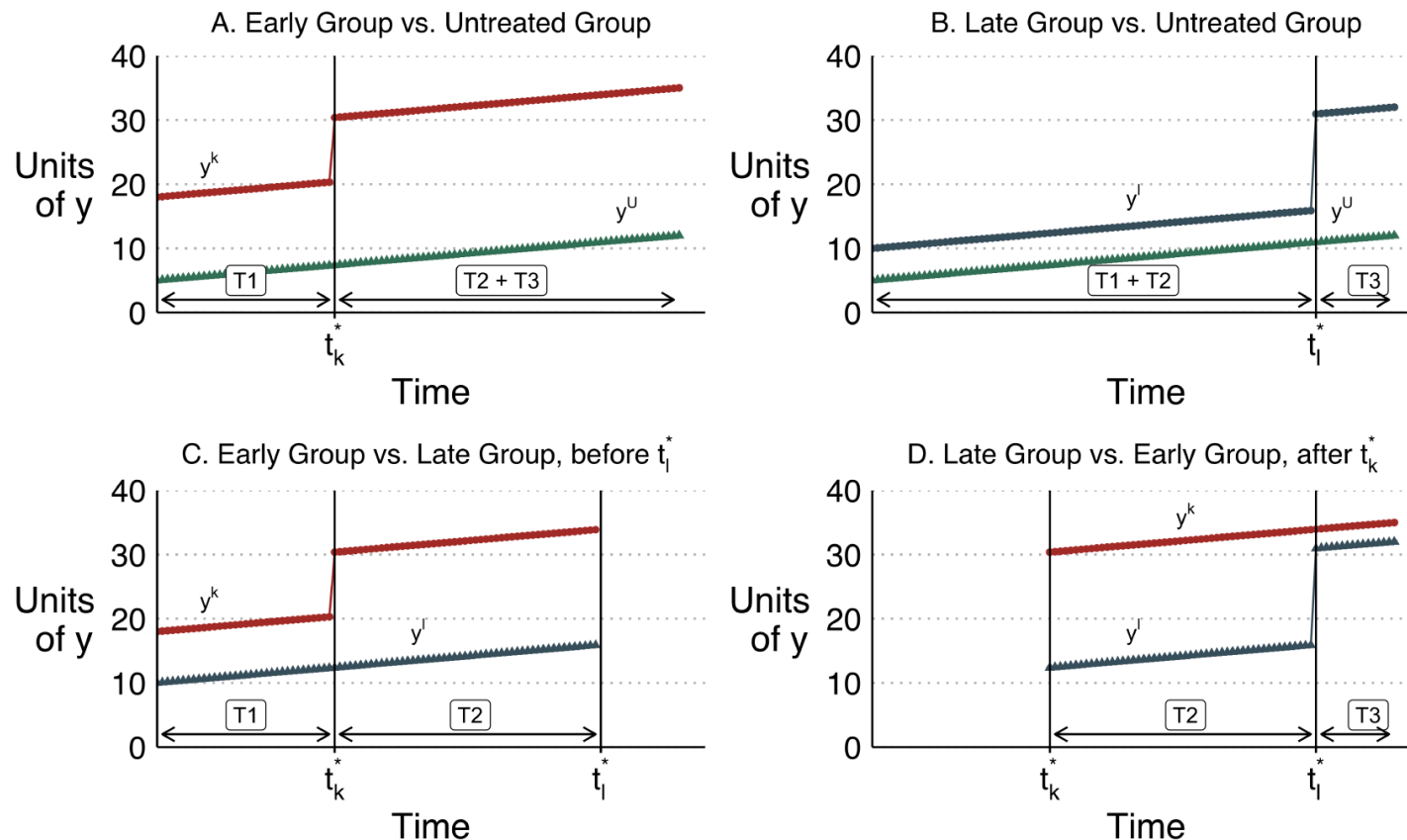
(i) Staggered treatment setting with three treatment groups.



What's the problem? Goodman-Bacon (2021) decomposition

- Stylized setting with three groups – TWFE DiD is a weighted average of all possible two-group/two-period DiD estimators

(ii) Four constituent 2x2 designs.

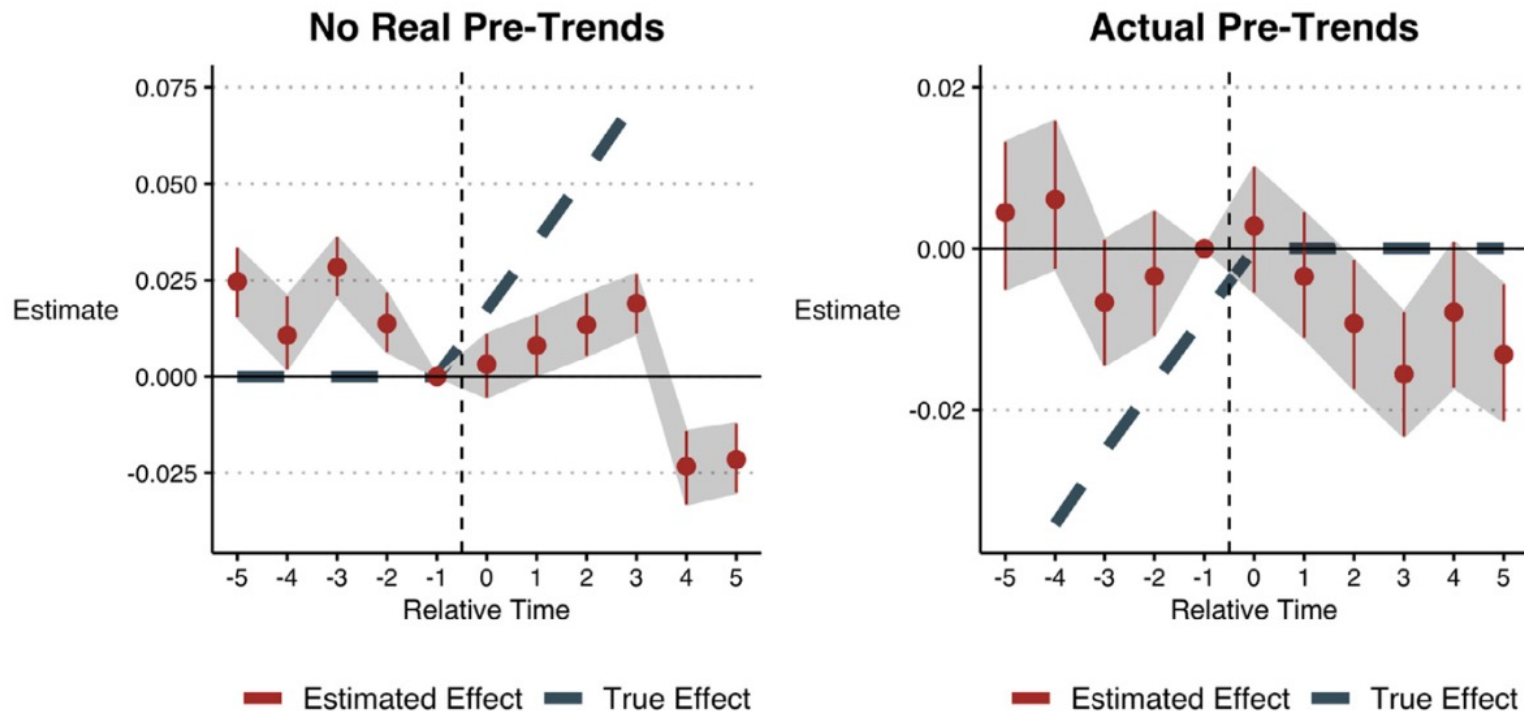


Late vs. early

- What's the problem with Simulation 6? No untreated; “late vs. early” (constituent D) gets most weight, and “looks negative” due to weaker (but positive!) treatment effect
 - BLW: early-treated units as effective controls = “potentially problematic”
- What determines weights?
 - absolute size of the subsample
 - relative size of the treatment and effective comparison group in the subsample
 - timing of the treatment in the subsample
 - magnitude of treatment variance in the subsample
- Changing the panel length alone can change the staggered DiD estimate, even when each 2x2 DiD estimate is held constant.

Event study plots

- With staggering and treatment effect heterogeneity, standard event study plots can also be dramatically “off” – BLW Section 3.2
- Simulation evidence:



- **Binning** (e.g. ≤ -5 , ≥ 5) can have major effects on estimated path

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- Goodman-Bacon (2021) proposes a useful diagnostic, namely the weight & average DiD of each of the 4 comparison types
 - Then, different new estimators have been proposed, which effectively don't use early-treated units as controls for late-treated units – BLW section 4:
 - Callaway and Sant'Anna (2021) – BLW's recommendation
 - Sun and Abraham (2021)
 - Stacked Regression (used e.g. in Cengiz et al., 2019)
 - There are other alternatives – see next slide.
 - BLW apply these methods to two published finance papers, finding in each case that results are not robust to the alternative estimators. (Though not clear how common that is.)

- Another type of alternative estimators are so-called “regression imputation” estimators – e.g. Borusyak et al. (2024) and Gardner et al. (2024)
- Basic idea very intuitive – 2-stage approach:
 1. Regress outcomes on unit and time fixed effects using *only the subsample of untreated observations* (incl. not-yet-treated)
 2. Based on this regression, impute a counterfactual $\hat{Y}_{i,t}(0)$ and estimate treatment effects relative to that
 - this yields unit-specific treatment effects that can then be aggregated to the ATT. See e.g. “did2s” package in Stata and R.
- Roth et al. (2023, sect. 3.3) compare assumptions underlying this estimator vs. Callaway-Sant’Anna and provide some guidance on which to use; see also Harmon (2024).
 - relative efficiency depends on serial correlation in errors

Event study plots with new estimators

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- A final thing to note is that the event study estimators from these new estimators are constructed differently from the TWFE event studies we are used to
 - illustrated for a particularly stark case in <https://www.jonathandroth.com/assets/files/HetEventStudies.pdf>
 - What is particularly “confusing” is that the imputation estimators à la Borusyak et al. (2024) do not have an omitted base period
 - and in fact the pre- and post-treatment paths should not directly be compared
 - Make sure to understand the plots generated by the method(s) you use (often depend on options chosen in the relevant software packages)
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Summary and conclusion

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- DiD is an extremely popular and intuitive methodology
 - But methodological details have come under increased scrutiny in recent years, and this will certainly continue for a while – “new standards” are forming.
 - see e.g. BLW Section 6, Roth et al. (2023) and Baker et al. (2025) for a set of recommendations, but of course not the final word.
 - Life is much easier with “standard” DiD than staggered DiD
 - on the other hand, there are many solutions available to the issues pointed out in the literature – by now expected to apply correctly
 - In practice, also combinations of different “complications” – e.g. continuous and staggered. Often less guidance available so far.
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Summary and conclusion

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- A central issue in DiD is the parallel trends assumption – untreated (or later-treated) units provide the counterfactual for treated units
 - Another very active area of research
 - If you don't seem to have parallel trends between treated and control units, one option is to re-weight control units to match pre-trends and/or characteristics of treated units – this is the **synthetic control approach** (see Abadie, JEL 2021 and NBER methods lectures 2021 for a recent overview)
 - useful in particular if only have one treated unit
 - won't cover here but worth learning about! Example of a published paper that uses it is Zevelev (RFS 2021)