

Les biais cognitifs des psychologues en entretien* (à modifier)



WEBINAIRE

Mardi 20 mai 2025

18h00 – 19h00



Albert Moukheiber

Psychologue clinicien, Docteur en neurosciences cognitives et chargé de cours ; Auteur de « Neuromania - Le vrai du faux sur votre cerveau » (Allary, 2024) et « Votre cerveau vous joue des tours » (Allary, 2019)



Mardi 20 mai 2025

**Webinaire enregistré pour accès en replay le lendemain.
Le pdf du support Powerpoint également disponible en ligne sur
www.appea.org**

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Les biais cognitifs des psychologues en entretien* (à modifier)

Mardi 20 mai 2025

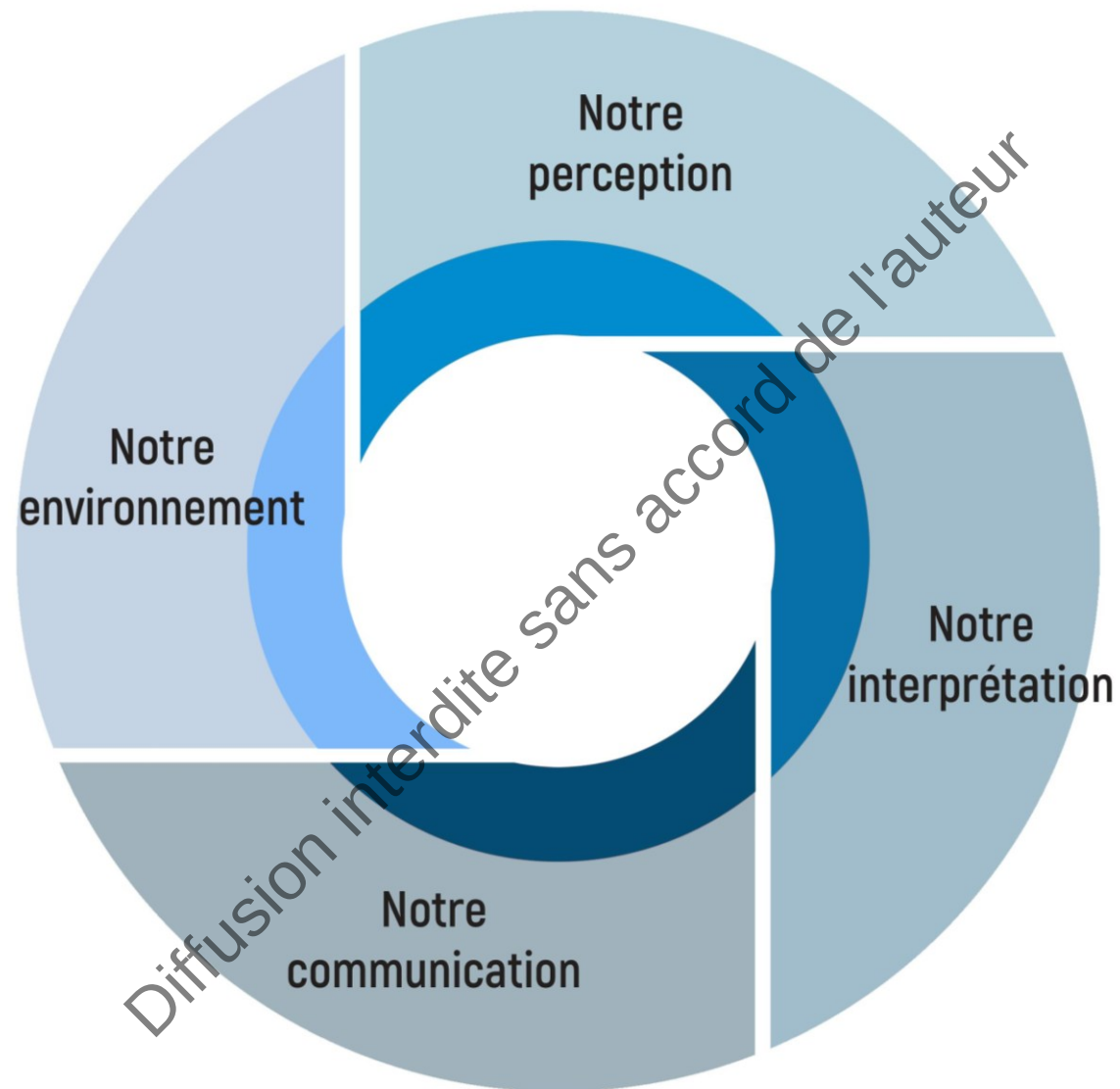
**Vos remarques, vos commentaires professionnels
et vos questions aux intervenants à écrire dans le volet
Discussion.**

**Reprise ou synthèse faite par
Vincent Amelot et coll.
et présentée en 2^{ème} partie après l'exposé court**

Assurez-vous dans la fenêtre de discussion que vos messages sont bien adressés « A tout le monde » (et non juste « Hôtes et panélistes »)

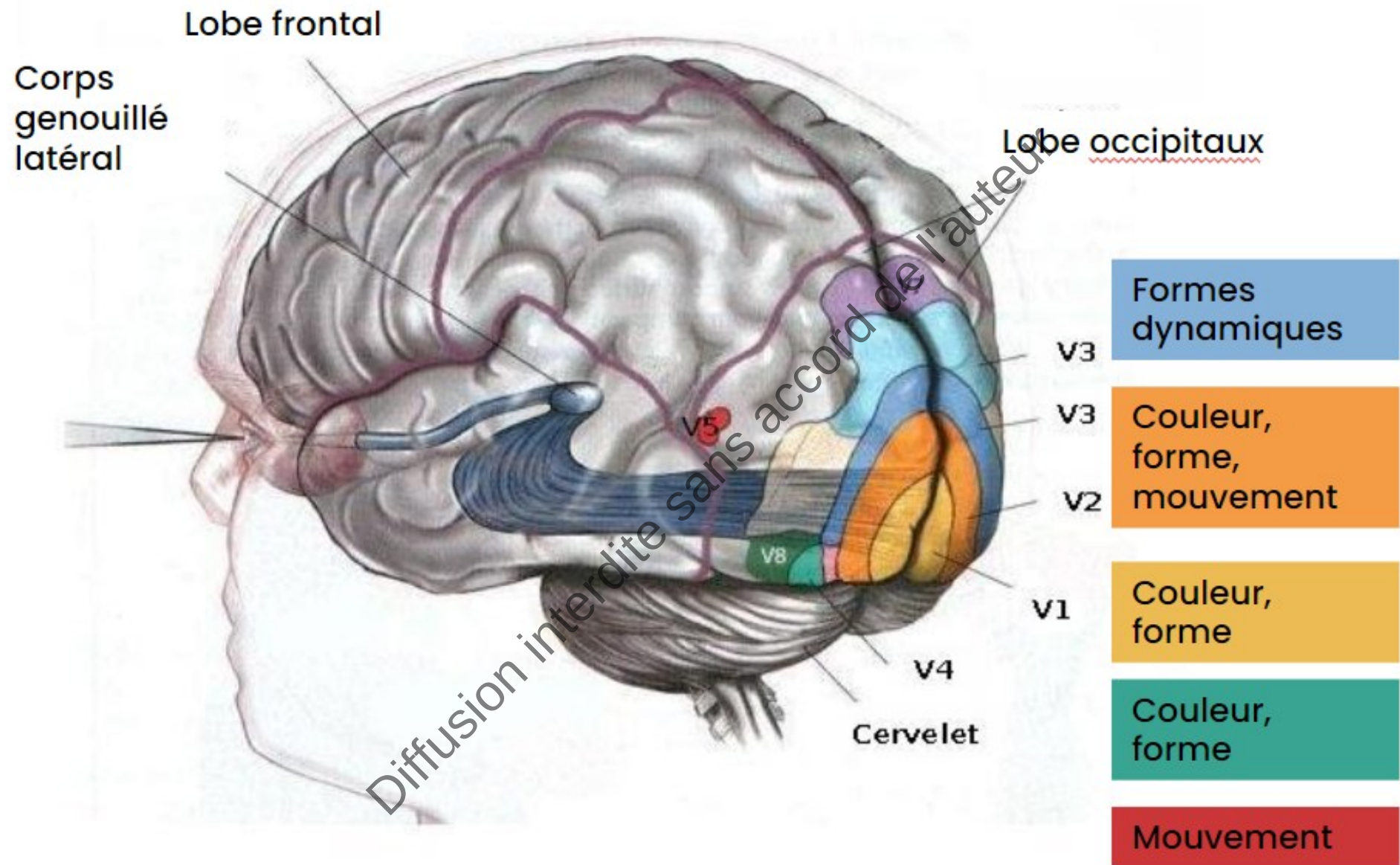
Les biais cognitifs en psychothérapie

Albert Moukheiber, Ph.D

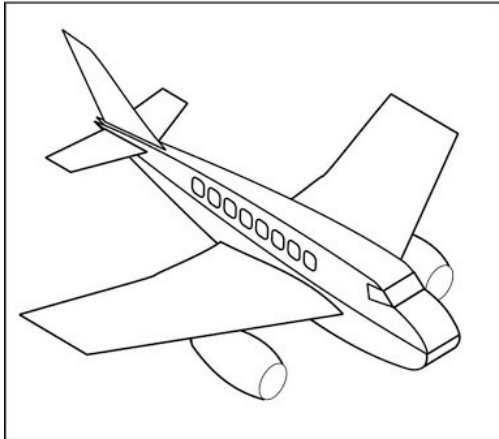
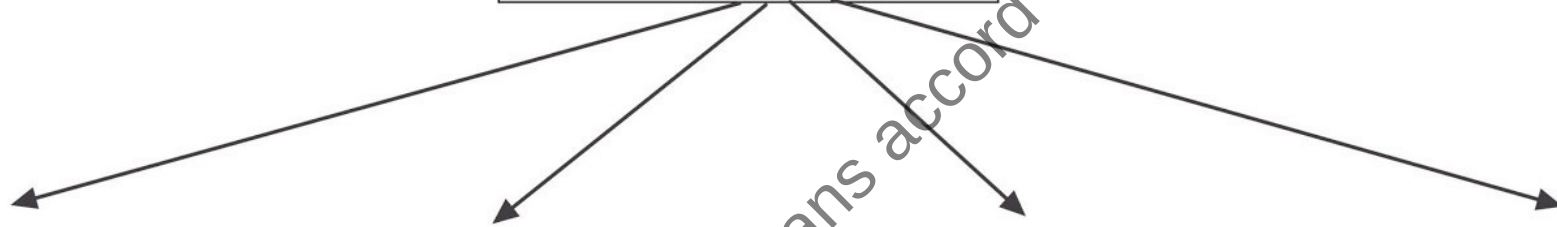
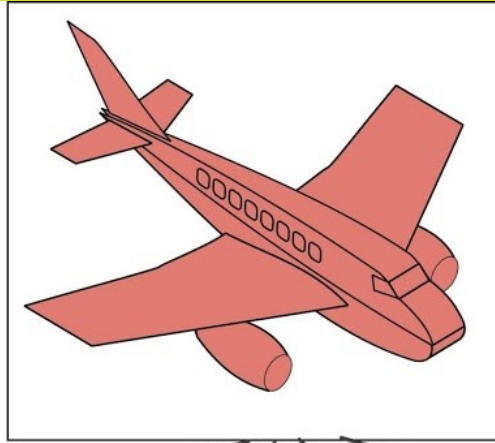








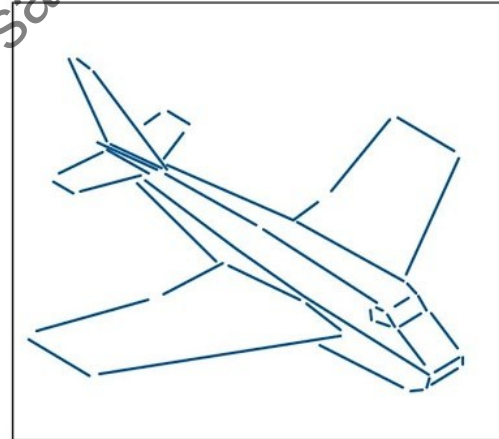
Objet complexe



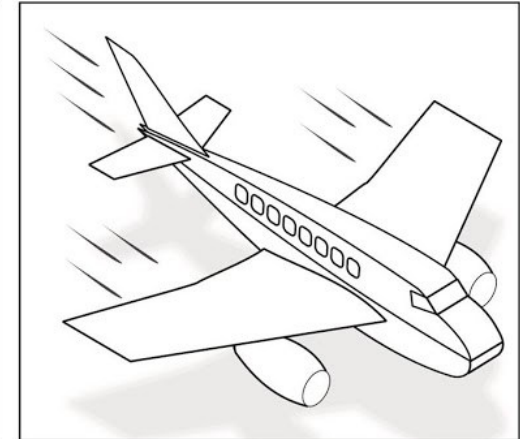
Forme
IT (inféro-temporal)



Couleur
(V4)

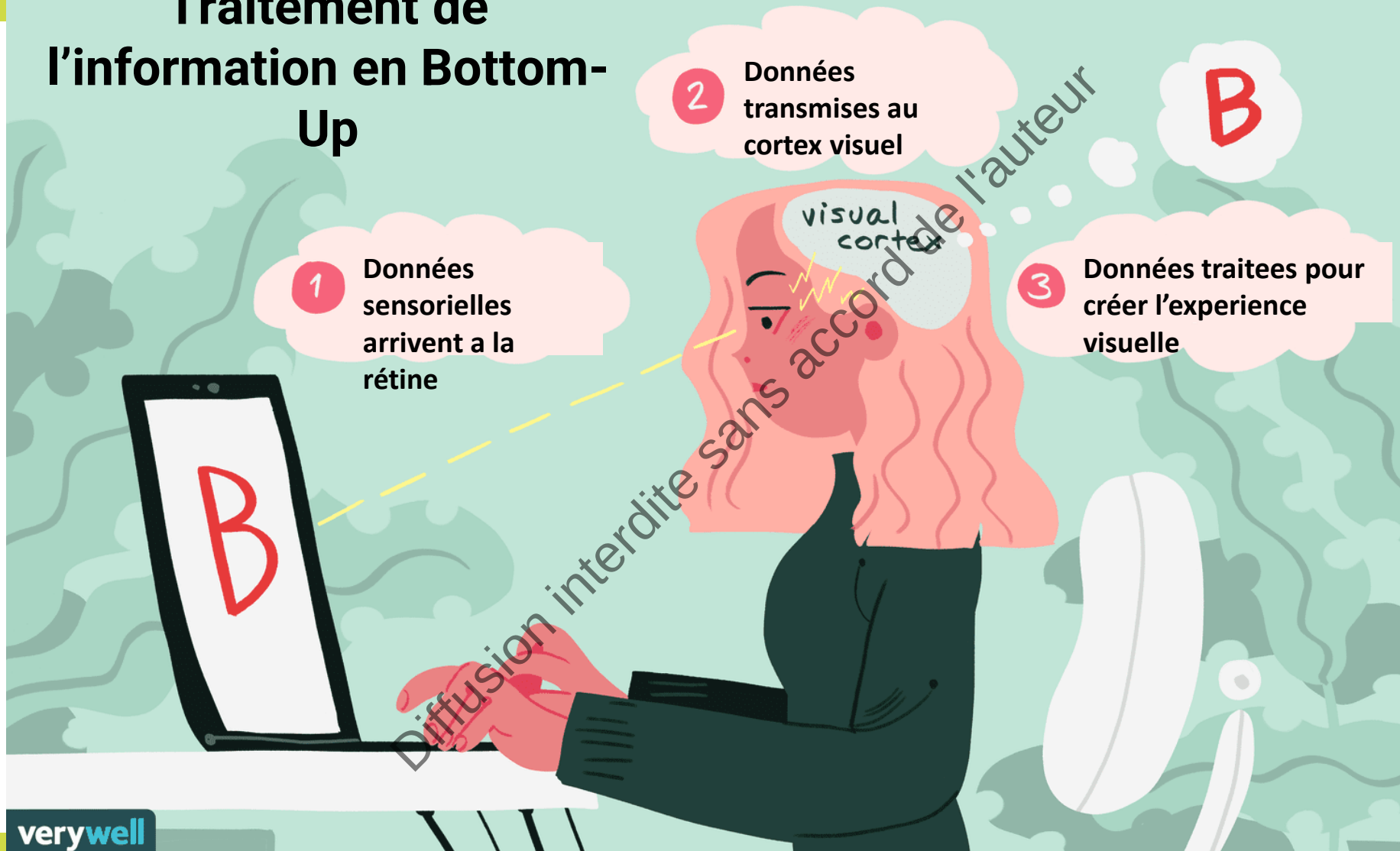


Orientation
(V1)



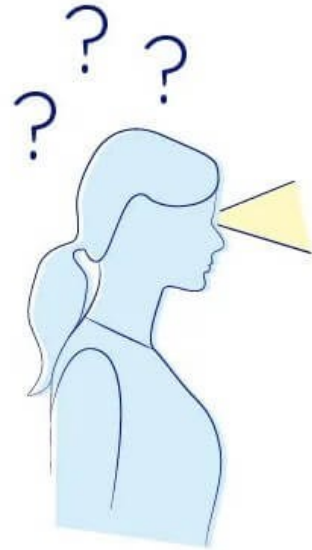
Mouvement
V5 (MT)

Traitement de l'information en Bottom-Up







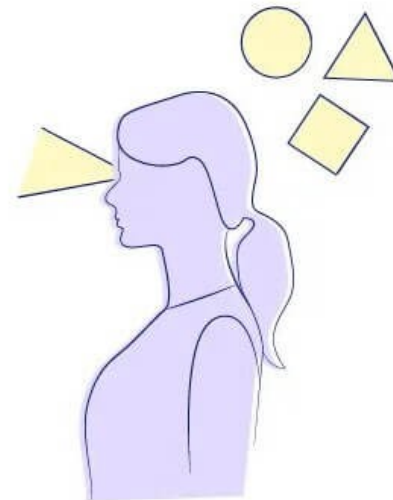


Qu'est ce que
je vois?

Top-Down:
Utiliser nos modeles
mentaux pour
interpréter et
compléter
l'information
sensorielle

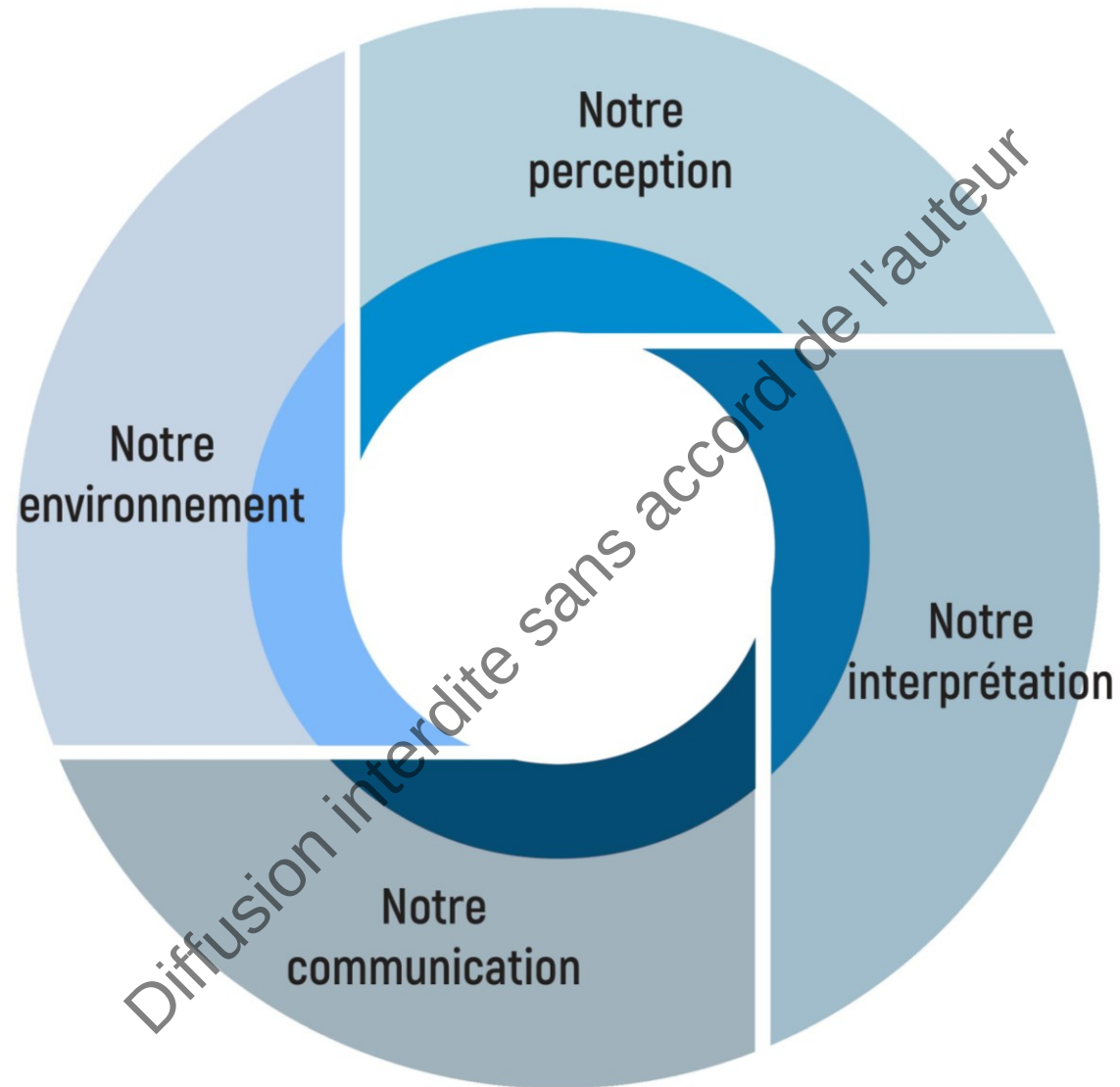
Est-ce que ca
ressemble a quelque
chose que je connais?

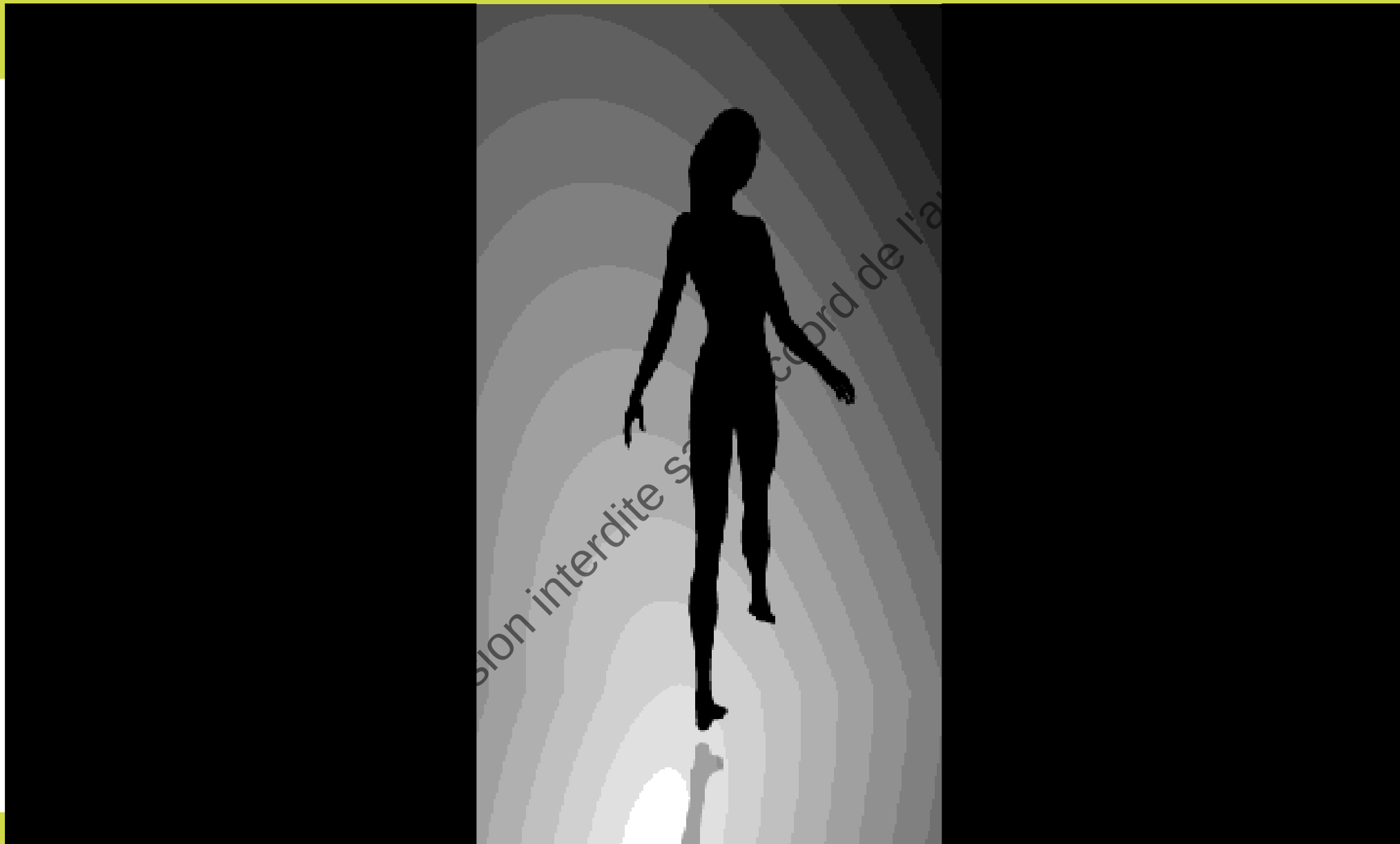
Bottom-Up:
Réception de
l'information
sensorielle,
assemblage et
intégration

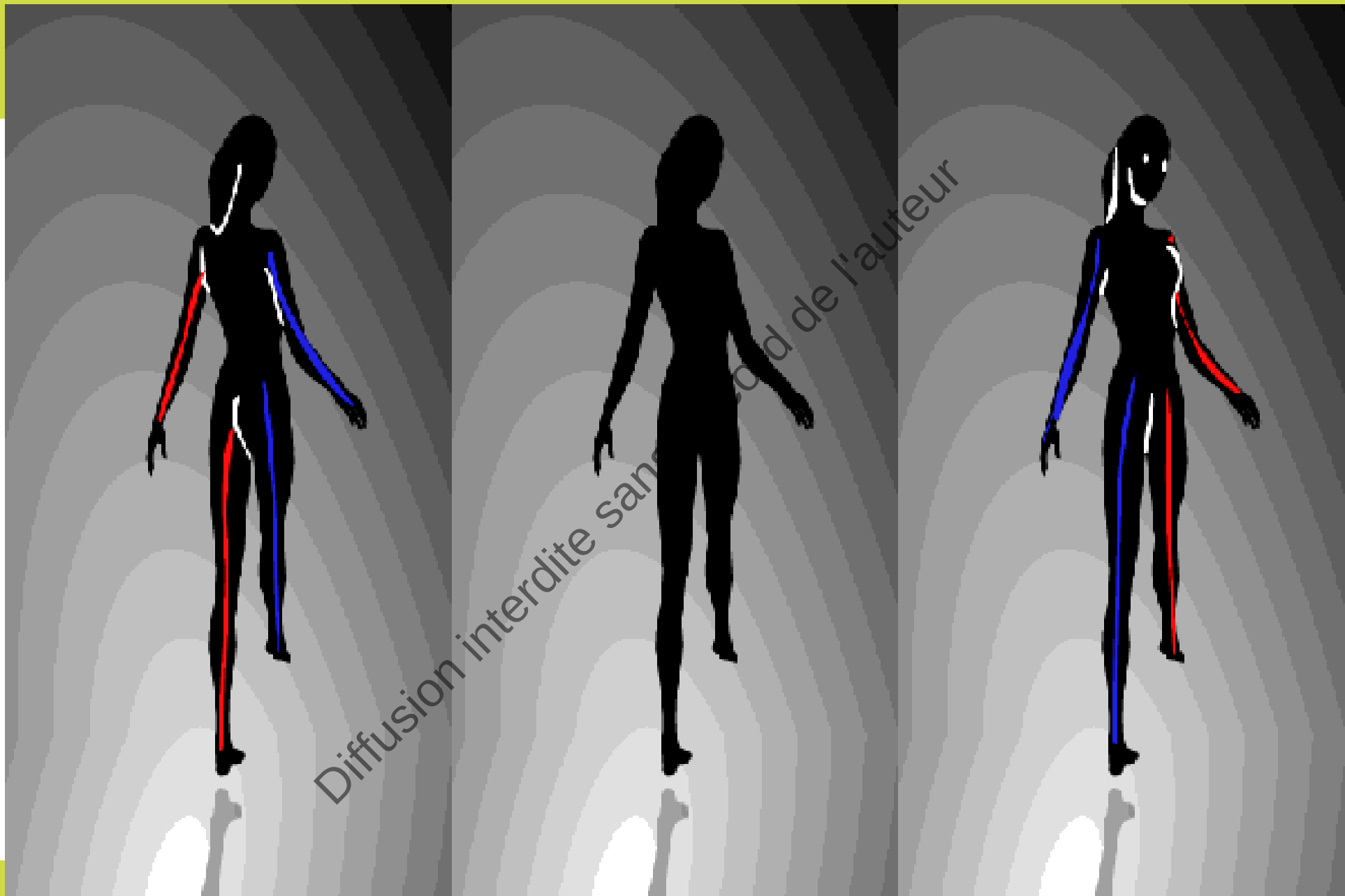


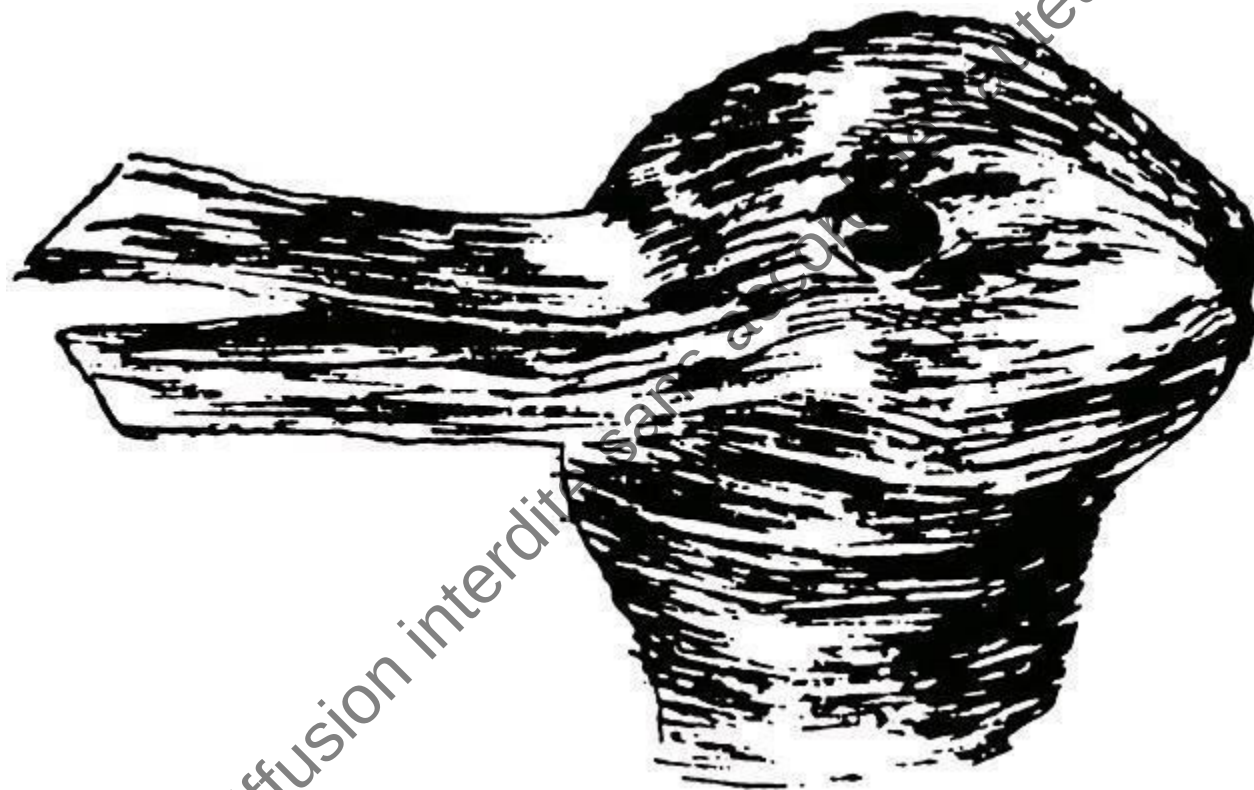
Une hallucination contrôlée

Diffusion interdite sans accord de l'auteur









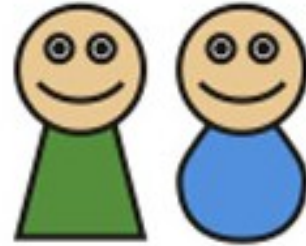
On ne voit pas le monde tel qu'il est mais plutôt tel que nous sommes



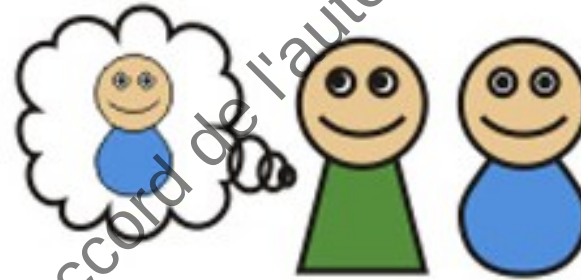
Plus une situation est ambiguë/incertaine et plus on peut lui attribuer le sens qu'on veut



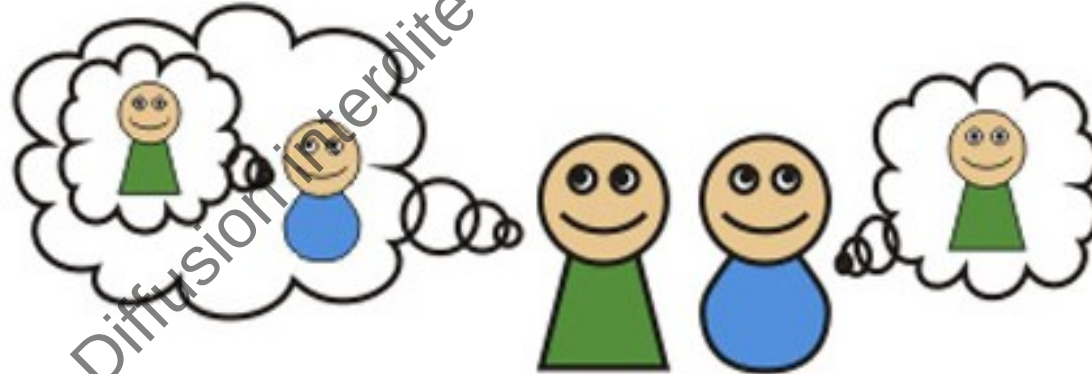
first-order



second-order



third-order



La Psychoéducation

Troubles anxieux

- Catastrophisation
- Biais du faux consensus

Dépression

- Biais de sélection
- Biais de confirmation

TOCs

- Pensée binaire
- Musturbation

La manière dont nous réduisons l'ambiguïté du futur, du
passe, des autres, conditionne notre fonctionnement



HEURISTIQUES

Diffusion interdite sans accord de l'auteur

Nous fonctionnons de manière approximative

Diffusion interdite sans accord de l'auteur

Il faut apprendre à résister à nos pensées et émotions automatiques

Parce que parfois on se trompe!

Diffusion interdite sans accord de l'auteur

Des biais cognitifs affectent la prise de décisions

Plusieurs facteurs modulent ces heuristiques

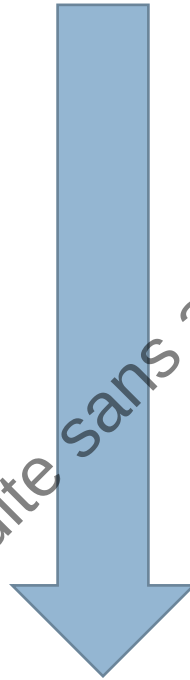
Mais nous ne sommes pas juste notre cerveau

Diffusion interdite sans accord de l'auteur

Une cognition *incarnée*

Diffusion interdite sans accord de l'auteur

Le « mental »

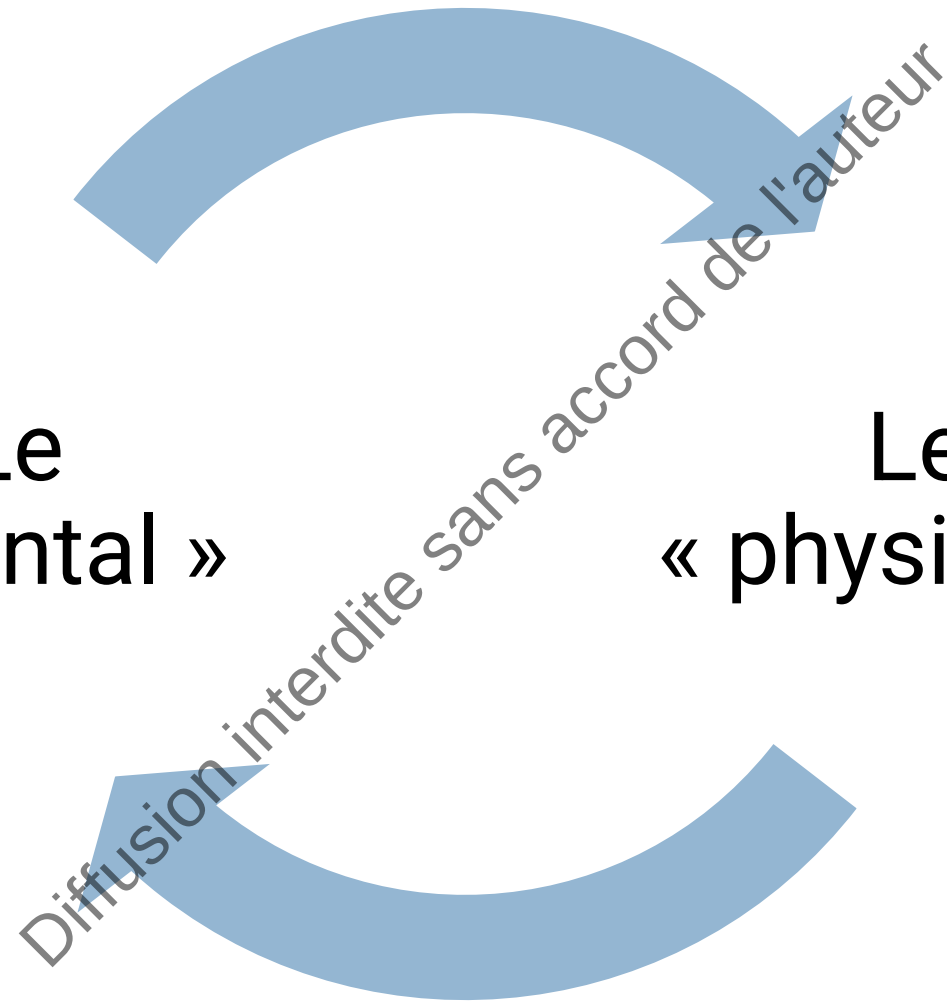


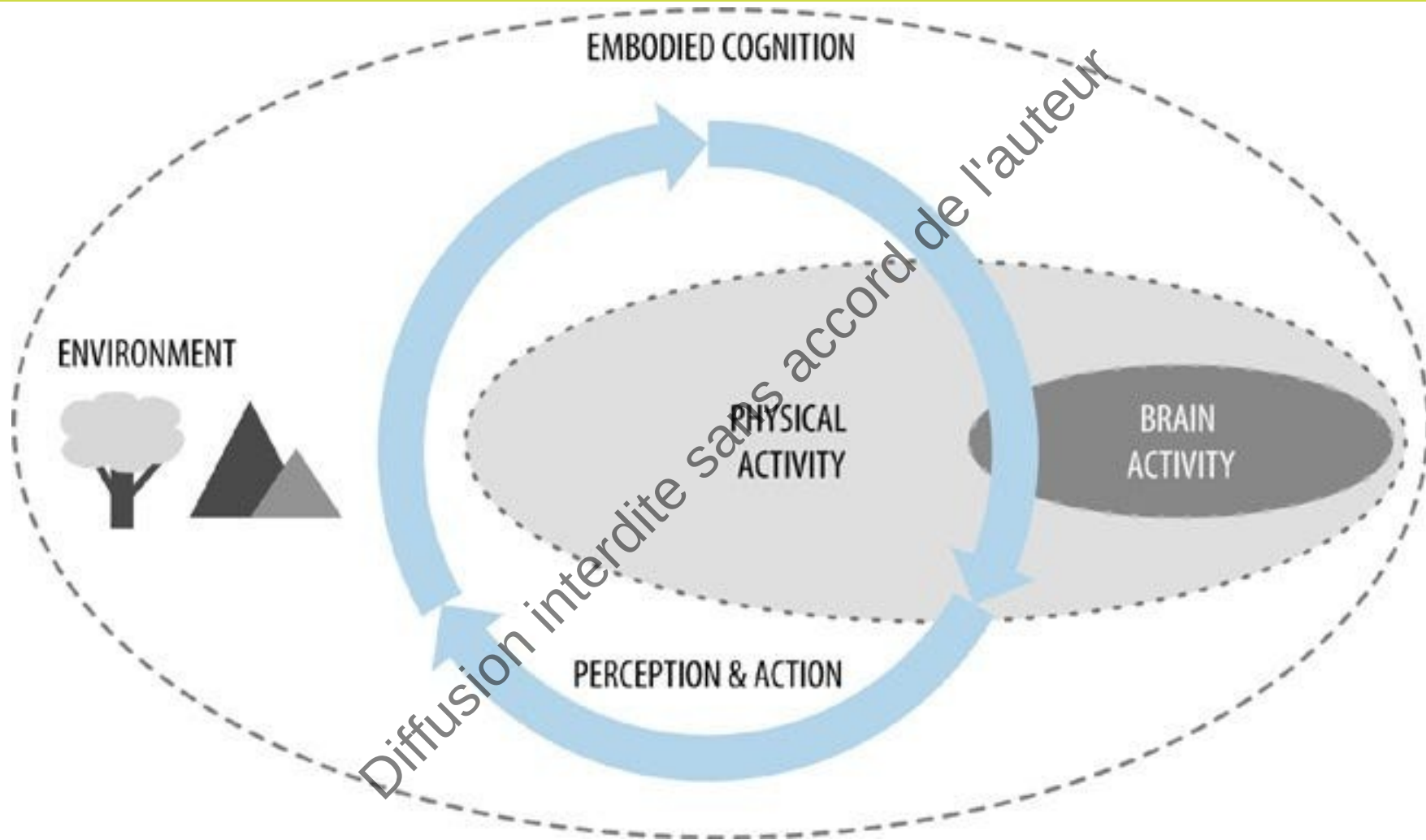
Le « physique »

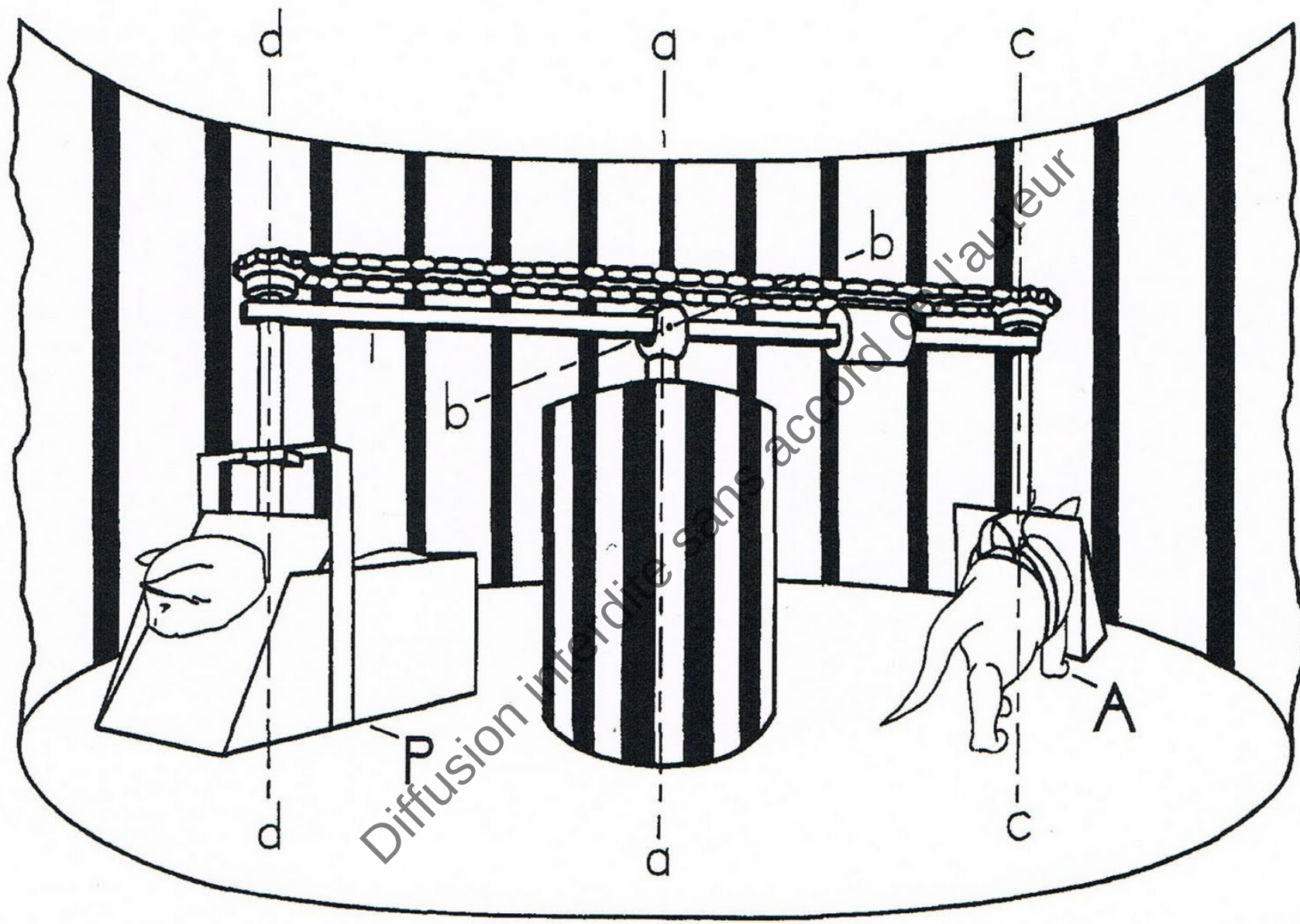
Diffusion interdite sans accord de l'auteur

Le
« mental »

Le
« physique »







Pour une vision non réductionniste de l'humain

Diffusion interdite sans accord de l'auteur

Dans la santé mentale

Est-ce que les « troubles mentaux » sont comme les autres troubles?

Review

> Clin Psychol Rev. 2013 Nov;33(7):846-61. doi: 10.1016/j.cpr.2012.09.007.

Epub 2013 Apr 8.

The biomedical model of mental disorder: a critical analysis of its validity, utility, and effects on psychotherapy research

Brett J Deacon ¹

[BMJ](#). 2004 Dec 11; 329(7479): 1398–1401.

doi: [10.1136/bmj.329.7479.1398](https://doi.org/10.1136/bmj.329.7479.1398)

PMCID

PM

Do biomedical models of illness make for good healthcare systems?

[Derick T Wade](#), professor of neurological rehabilitation¹ and [Peter W Halligan](#), professor of psychology²

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Le modele Biopsychosocial

Agir sur le « patient » ou sur l'environnement?

Diffusion interdite sans accord de l'auteur

Quel est le bon niveau explicatif pour le changement?

Diffusion interdite sans accord de l'auteur

De l'importance du corps dans la gestion du stress

Diffusion interdite sans accord de l'auteur

Complement Ther Med. 2019 Apr;43:170-175. doi: 10.1016/j.ctim.2019.01.024. Epub 2019 Jan 31.

How does yoga reduce stress? Embodied cognition and emotion highlight the influence of the musculoskeletal system.

Francis AL¹, Beemer RC².

The Embodied Theory of Stress: A Constructionist Perspective on the Experience of Stress

Alisha L. Francis

First Published December 1, 2018 | Research Article |



<https://doi.org/10.1037/gpr0000164>

**En finir avec la separation du corps et de l'esprit et autres
*psychosomatiques...***

Biais dans la décision therapeutique

Decision making in perceived devastating brain injury: a call to explore the impact of cognitive biases

[B. Rohaut](#), [J. Claassen](#)*



Cognitive bias	Description	Example
Confirmation bias	To look for or to interpret evidence to support prior hypothesis rather than look for disconfirming evidence.	Looking for evidence to support the presumed prognosis rather than contradictory elements.
Availability bias	Judgments of likelihood or percentages based on ease of recall (greater 'availability' in memory) rather than on actual probabilities.	Overestimate the likelihood of a prognosis based on a recent experience with a similar case.
Anchoring effect	To rely heavily on one piece of information when making decisions (usually the first piece of information acquired: the 'anchor').	Focusing on salient features in the patient's presentation too early in the prognosis process and failing to adjust this initial impression in the light of new information.
Framing effect	To draw different conclusions from the same information, depending on how that information is presented.	Allowing the way evidence is framed or whom the information came from to influence prognosis making.
Loss aversion	To view losses as looming larger than corresponding gains.	Continue with a given prognosis, even though it may not fit the new evidence (avoiding the loss of 'being right').
Attribute substitution	Answering a complex, difficult question by substituting it by a related but simpler one.	Translate a legitimate high confidence in diagnosis elements into overconfidence on prognosis issue.
Sunk-cost effect	To allow previously spent time, money, or effort to influence present or future decisions.	Overestimation of a good prognosis if a lot of resources (typically surgery or organ supply) have been successful (in terms of short outcome).
Dunning-Kruger effect	Tendency for unskilled individuals to overestimate their own ability ('illusory superiority') and the tendency for experts to underestimate their own ability.	Being overconfident in a prognosis in case of a lack of knowledge in this specific field (in comparison to an expert).
Bandwagon effect	To do (or believe) things because many other people do (or believe) the same.	Rely too much on apparent consensus and/or common practices.
Commission bias	To favour action rather than inaction.	Jumping to a withdrawal of care procedure (with/without organ donation) rather than giving more time to get more information.
Blind obedience	To show undue deference to authority or technology.	Relying too much on a unique expert opinion or test results.

Cognitive bias in clinical medicine

ED O'Sullivan¹, SJ Schofield²

The framing effect	Reacting to a particular choice differently depending on how the information is presented to you
Example	A pharmaceutical company may present new drug A as having a 95% cure rate, and suggest this is superior to drug B that has a significant 2.5% failure rate
Commission bias	A tendency towards action rather than inaction. The bias is 'ommission bias'
Example	Historical transfusion targets in gastrointestinal bleeds – the approach was traditionally to aim for higher targets rather than do nothing. 'Better to be safe than sorry' and to raise the haemoglobin 'just in case'

Availability bias	More recent and readily available answers and solutions are preferentially favoured because of ease of recall and incorrectly perceived importance ^{42,43}
Example	Recent missed pulmonary embolism prompts excessive CT pulmonary angiogram scanning in low-risk patients
Base rate neglect	This occurs in medicine when the underlying incident rates of conditions or population-based knowledge are ignored as if they do not apply to the patient in question ⁸²
Example	A positive exercise stress test in a young woman prompting an angiogram. The 'base rate' is so low in this population that this result is more likely false positive than true positive
Confirmation bias	Diagnosticians tend to interpret the information gained during a consultation to fit their preconceived diagnosis, rather than the converse ^{83,84}
Example	Suspecting the patient has an infection and the raised white cells proves this, rather than 'I wonder why the white cells are raised, what other findings are there?'
Conjunction rule	The incorrect belief that the probability of multiple events being true is greater than a single event. This relates to 'Occam's razor' – a simple and unifying explanation is statistically more likely than multiple unrelated explanations ⁸⁵
Example	A confused patient with hypoxia and deranged renal function is far more likely to simply have a pneumonia than a subdural/pulmonary embolism/obstruction simultaneously

Overconfidence	An inflated opinion of their diagnostic ability leading to subsequent error. Their confidence in their judgements does not align with the accuracy of these judgements ⁵⁴
Example	A doctor trusting their assessment more than they should – particularly problematic with inaccurate examinations, such as auscultation for pneumonia
Representativeness	Misinterpreting the likelihood of an event considering both the key similarities to its parent population, and the individual characteristics that define that event ⁸⁶
Example	A man with classic symptoms of a heart attack, but also anxious, and who's breath smelled of alcohol. The latter details have no bearing on the likelihood of a heart attack, nor alter the degree to which he is a member of his risk demographic but distract and decrease the diagnostic pick up
Search satisfying	Ceasing to look for further information or alternative answers when the first plausible solution is found
Example	When encountering an acutely dyspnoeic patient, treating their obvious pneumonia and stopping investigations at that point, failing to search for and recognise the secondary myocardial infarction
Diagnostic momentum	Continuing a clinical course of action instigated by previous clinicians without considering the information available and changing the plan if required (particularly if plan commenced by more senior clinician)
Example	Fixating on a previously assigned label of 'possible pulmonary embolism' and organising CT imaging for a patient who may have subsequent results that suggest otherwise (e.g. positive blood cultures the following day)

Une des idées les plus dangereuses qu'une personne pourrait avoir: « Si tout le monde était comme moi, le monde serait un endroit meilleur. »

Qu'est ce que réfléchir si ce n'est qu'une façon élégante
de dire changer d'avis.

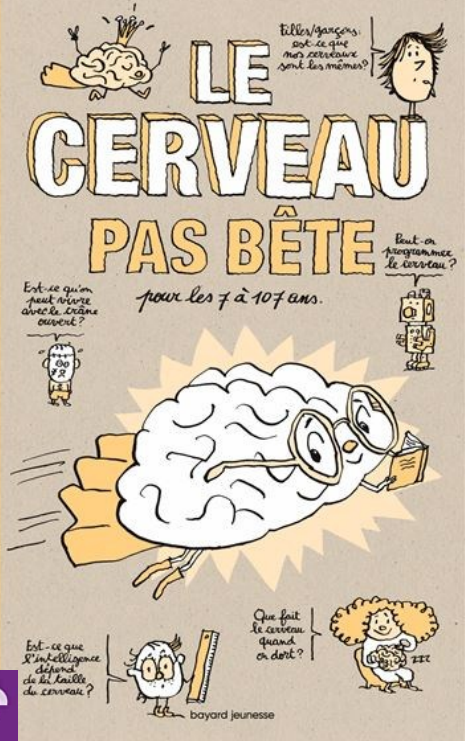
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Votre cerveau vous joue des tours

Albany Éditions

Discussion

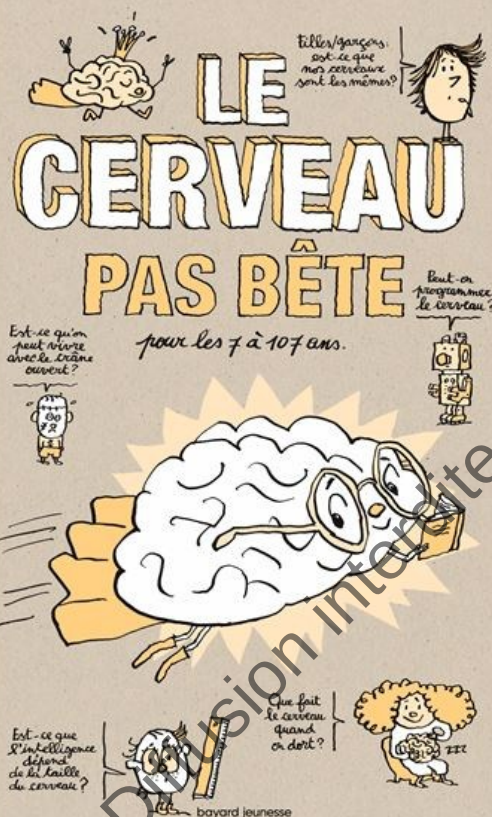
J6



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VOTRE CERVEAU

AVEC ALBERT MOUKHEIBER

france
culture

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NEUROMANIA

Le vrai du faux sur votre cerveau



Par l'auteur de
Votre cerveau
vous joue des tours

ALLARY ÉDITIONS



Prochain webinaire

Mardi 10 juin 2025

La thérapie multi-familiale

Avec Lisa Minier, Solange Cook-Darzens et Jeanne Duclos

Psychologues et Dr en psychologie, spécialisées en thérapie familiale

Inscriptions à partir du lundi 2 juin 2025 sur www.appea.org