

MI Language Upgrades for Your Progress Notes

Making Your Existing Notes More MI-Aligned for Justice-Involved Clients | The Underrated Superhero LLC

You don't need a new template. You need better language in the notes you're already writing. This guide gives you drop-in phrases and quick swaps that make your existing progress notes MI-aligned and court-friendly — without adding a single extra form to your workflow.

SWAP THIS → FOR THIS

These are the most common flat, compliance-only phrases clinicians write — and what to replace them with. Same information, but it shows therapeutic progress instead of just attendance.

Instead of this...	Try this in your note...
"Client attended session."	"Client attended session and [initiated discussion about / engaged in / contributed to] [topic] related to [client-identified goal]."
"Client was compliant with treatment."	"Client demonstrated engagement by [specific behavior: asking questions, sharing concerns, identifying a goal]."
"Client denied substance use."	"Client reported no substance use this week and connected this to [their stated goal, e.g., maintaining custody / staying employed]."
"Client was resistant."	"Client expressed ambivalence about [specific topic]. Sustain talk was noted around [area]. Clinician explored discrepancy between [current pattern] and [client value]."
"Client completed drug screen — negative."	"Client completed substance use monitoring. Client verbalized connection between current choices and [their goal]."
"Client participated in group."	"Client participated in group and [offered feedback to peers / identified a personal parallel / practiced skill X]."
"No issues reported."	"Client reported stability in [area]. Session focused on [strengthening coping / exploring next steps / building on progress toward client goal]."

DROP-IN SENTENCES — Copy, Paste, Adapt

Keep these handy. When you're writing a note and can't think of how to make it sound more clinical, grab one of these and fill in the brackets. They work in any note format — DAP, SOAP, BIRP, narrative.

When the client is showing up but not engaged yet:

"Client attended as mandated. Clinician focused on building rapport and reducing barriers to engagement. Client was oriented to treatment structure and given space to express initial concerns about the process."

"Client presented with [flat affect / guarded posture / minimal verbal participation]. Clinician used open-ended questions to explore client's perspective on treatment. Client identified [one concern / value / priority] during session."

When you're seeing progress:

"Client demonstrated increased engagement by [initiating a topic / asking a question / making eye contact / staying past required time]. This represents a shift from [previous presentation]."

"Change talk was observed when client stated: [direct quote]. Clinician reinforced this through affirmation and explored what prompted the shift."

When there's a setback:

"Client reported [relapse / missed obligation / conflict]. Session focused on exploring what happened without judgment and identifying what the client learned. Client identified [trigger / pattern / need] and expressed [willingness / hesitation] to adjust approach."

"Client [missed session / tested positive / reported noncompliance with court obligation]. Clinician addressed this within an MI framework, exploring ambivalence rather than confronting. Client's response suggested [precontemplation / contemplation / preparation] stage."

For court reports and PO communication:

"Client is actively engaged in treatment and making progress toward [court-mandated objective] through [specific clinical approach]. Client has identified personal goals that align with court requirements, including [goal]."

"Client has attended [X] of [X] sessions. Treatment focus has included [clinical topics]. Client demonstrates [engagement level] and has [specific observable progress indicator]."

WHEN IT GETS TRICKY — Special Circumstances

These are the notes clinicians stress over most — especially with mandated clients where what you write could end up in front of a judge. Here's how to document what happened accurately without throwing your client under the bus or compromising your clinical integrity.

Client arrived to session intoxicated or high:

"Client presented to session with observable signs consistent with [substance use: slurred speech, dilated pupils, odor of alcohol, impaired coordination]. Clinician assessed client's safety and capacity to participate. [Session was modified to focus on safety planning and harm reduction / Session was shortened due to client's impaired state / Client was assessed and referred to appropriate level of care]. Client was oriented to [next steps / follow-up plan]."

Tip: Document what you observed (behavioral indicators), not your interpretation. "Client presented with slurred speech and unsteady gait" is clinical. "Client was drunk" is a judgment. Stick to what you saw, heard, and smelled.

Client self-reported a relapse:

"Client voluntarily disclosed [substance use / return to use] since last session. Clinician explored the circumstances using open-ended questions without judgment. Client identified [trigger / context / pattern] and expressed [concern about consequences / ambivalence about continued use / desire to get back on track]. Session focused on [recalibrating harm reduction plan / exploring what the client learned / identifying supports]. Client verbalized [next step or intention]."

Tip: "Voluntarily disclosed" matters. It shows the client chose honesty over hiding — that's engagement. Name it.

Client tested positive on a drug screen:

"Client's substance use monitoring returned positive for [substance]. Clinician discussed results with client in a nonjudgmental manner. Client [acknowledged use and identified contributing factors / denied use and was provided information about false positives / expressed frustration with the result]. Session focused on [exploring the discrepancy between client's goals and current use / adjusting the treatment approach / safety planning]. Court reporting obligations were reviewed with client."

Tip: Separate the test result (factual) from the clinical response (your job). Courts need the fact. Your note should also show what you did with it clinically.

Client is hostile, aggressive, or refuses to participate:

"Client presented with [elevated affect / hostile verbal tone / refusal to engage in session content]. Clinician validated client's frustration and explored contributing factors. Client identified [recent stressor / conflict with PO / external pressure] as source of distress. Clinician maintained therapeutic stance and [offered alternative session focus / provided psychoeducation on stress response / de-escalated using reflective listening]. Client [agreed to continue / declined further participation / calmed and re-engaged by end of session]."

Tip: "Client was angry" doesn't help anyone. What were they angry about? What did you do? How did it end? That's a note that shows clinical skill.

Client discloses new legal trouble or a violation:

"Client reported [new arrest / missed court date / probation violation / pending charges]. Clinician explored the impact on client's treatment goals and current emotional state. Client expressed [fear / frustration / hopelessness / determination to address the situation]. Session focused on [problem-solving / identifying immediate needs / connecting client to legal resources / adjusting treatment priorities]. Clinician reviewed confidentiality boundaries and reporting obligations with client."

Tip: Document that you reviewed confidentiality and what you're required to report. This protects both of you.

MI INDICATORS WORTH DOCUMENTING

You're already noticing these in session — you're just not writing them down. Adding even one of these to each note shows therapeutic movement courts and supervisors want to see.

Check any observed this session — then note it

■ Client initiated a topic (vs. only responding to clinician questions)	■ Client used future-oriented language ("when I get my license back...")
■ Client asked a question about treatment or recovery	■ Client connected substance use to a personal consequence
■ Client expressed a value or priority (family, work, freedom)	■ Client showed reduced defensiveness compared to previous session
■ Client disagreed respectfully (engagement, not resistance)	■ Client referenced something from a previous session
■ Client identified a trigger, pattern, or insight	■ Client expressed any form of change talk (desire, ability, reason, need)

THE ONE-LINE UPGRADE

If you change nothing else, add this one sentence to every progress note:

"Client demonstrated [specific engagement behavior] and verbalized connection between [treatment topic] and [client-identified goal]."

That single line transforms a flat compliance note into evidence of therapeutic progress. It tells the court the client is doing more than showing up. It tells your supervisor you're doing more than checking boxes. And it takes 15 seconds to write.

This guide is for educational purposes. Keep it next to your computer. Use it every time you write a note.