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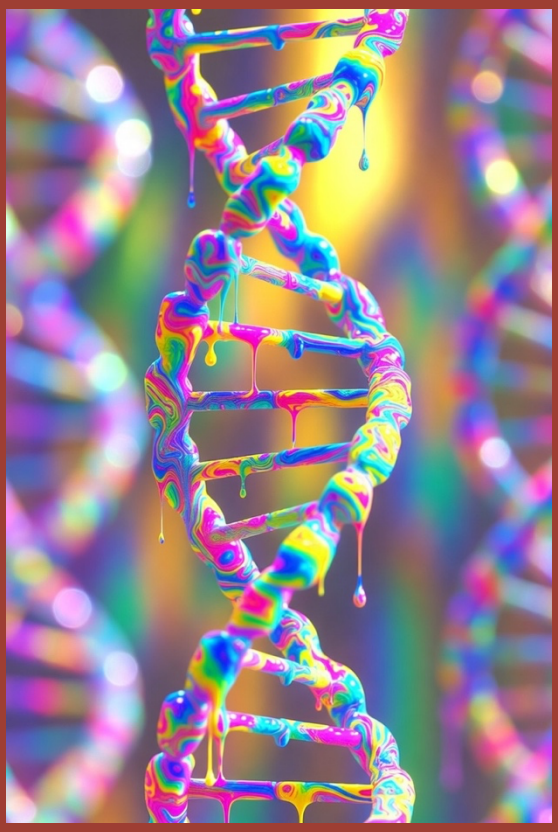

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Viewpoint Article

Re-Parenting the Inner Adolescents with Acceptance and Commitment Therapy (ACT): The DNA-V/IFS Model for Psychedelic Assisted Psychotherapy

Alex Tsarev, PhD

Abstract

Recent advances in psychedelic-assisted psychotherapy (PAP) have reignited scientific and clinical interest in models that integrate neuroscience, experiential psychology, and transpersonal theory. This paper proposes a novel framework combining the **DNA-V model**—a developmental extension of Acceptance and Commitment Therapy (ACT)—with **Internal Family Systems (IFS)** for use in psychedelic-assisted therapy. The integrative **DNA-V/IFS model** conceptualizes psychedelic experiences as catalysts for enhanced **psychological flexibility** and **Self-integration**, in which the roles of *Discoverer, Noticer,* and *Advisor* (DNA) interact dynamically with IFS *parts* within the overarching process of *Values* (V). Drawing on contemporary neuroscience, the model situates **ego dissolution** and **Self-as-Context** as overlapping constructs that emerge through altered activity in the default mode network, facilitating compassionate witnessing and transformation of protective subpersonalities. The paper outlines a triphasic structure—**preparation**, **psychedelic experience**, and **integration**—detailing practical methods for mapping parts to DNA-V roles and applying ACT hexaflex processes across these stages. This synthesis bridges transpersonal and evidence-based approaches, offering clinicians and researchers a theoretically grounded, psychologically flexible roadmap for working with complex inner systems in psychedelic contexts.

Keywords: psychedelic-assisted therapy, Internal Family Systems, DNA-V model, Acceptance and Commitment Therapy, ego dissolution, psychological flexibility, Self-as-Context

PREFACE

> "The privilege of a lifetime is to become who you truly are."
> — *C. G. Jung* (*1954*)

In the beginning, there were voices—bright, wounded, protective, searching. They are what Dick Schwartz[12] calls our *parts*: dynamic subpersonalities formed in response to life's joys and injuries. Many carry the intensity and idealism of adolescence—impulsive, reactive, yet full of vitality and potential. Schwartz often describes them as **inner teenagers** still waiting to be met with compassion rather than control. The **DNA-V model**[4]—a developmental extension of Acceptance and Commitment Therapy (ACT)—was designed to help *outer* adolescents thrive by cultivating *Discovery, Noticing,* and *Advising* processes, guided by *Values.* However, the same framework can illuminate the path for our *inner adolescents*—those emotional parts within us that never fully grew under safe and curious guidance. If **IFS** offers the language of multiplicity and inner family dynamics, and **ACT** provides a process model of psychological flexibility[5], then **DNA-V** contributes a developmental grammar of growth. Together, they form a living system that mirrors human consciousness—fluid, adaptive, and evolving. Through the **transpersonal lens**, this synthesis extends beyond psychotherapy into the territory of consciousness itself. Psychedelic states, by temporarily dissolving egoic boundaries, may grant direct access to what Hawkins[6] described as *higher attractor fields* of awareness—dimensions of consciousness

characterized by love, courage, and acceptance. In these expanded states, the *Self energy* of IFS and the *Self-as-Context* of ACT appear as parallel expressions of the same non-dual awareness:

- the **sky** that holds every storm,
- the **chessboard** beneath every move,
- the **field** in which all parts are already whole.

The integrative **DNA-V/IFS model for psychedelic-assisted therapy** proposed in this viewpoint state-of-art paper invites us to reparent these inner adolescents—to meet curiosity with presence, fear with compassion, and protection with trust. It bridges developmental psychology, mindfulness-based neuroscience, and transpersonal inquiry, offering clinicians a psychologically flexible *map of consciousness*[6–8]. May this work remind us that the parts we seek to heal are not obstacles to awakening, but pathways through which the Self remembers its wholeness.

INTRODUCTION

Psychedelic-assisted psychotherapy (PAP) combines classic psychedelics with psychotherapy to treat depression, post-traumatic stress disorder (PTSD), addiction, and other conditions. As PAP develops, there is a growing need for psychotherapeutic frameworks to guide **preparation, experience, and integration**. Recent research highlights **psychological flexibility** as a key mediator of psychedelic outcomes[13]. For instance, psilocybin sessions embedded in ACT-based therapy produced significant increases in flexibility and experiential acceptance, strongly correlated with reductions in depression[13]. Acceptance and Commitment Therapy (ACT[5]), therefore, offers a robust process model for understanding and structuring PAP. ACT's emphasis on acceptance helps clients *surrender to experience*, while **values** and **committed action** ground integration work[11]. Parallel to ACT, **Internal Family Systems (IFS)** therapy[12] has been integrated into several MAPS-supported MDMA trials, offering a map of inner subpersonalities that emerge during psychedelic journeys[2,14]. Both approaches share compassion-based perspectives and process-oriented change mechanisms, suggesting strong complementarity.

We propose a **DNA-V/IFS model** unifying these paradigms. **DNA-V**—an ACT-derived developmental framework[4]—organizes coping and learning into three dynamic roles, *Discoverer*, *Noticer*, and *Advisor*, guided by *Values*. **IFS** complements this by describing the psyche's parts and Self-leadership processes. Integrating DNA-V skills within IFS's self-system enables therapists to support clients navigating **ego-dissolution** and **transpersonal phenomena** with greater structure. Below, we review relevant findings and outline how the models converge into a psychologically flexible framework for PAP.

ACT and Psychological Flexibility in Psychedelic Therapy

ACT posits six interrelated processes—Acceptance, Cognitive Defusion, Present-Moment Awareness, Self-as-Context, Values, and Committed Action—that together foster psychological flexibility[5]. The ACT *hexaflex* model, in which each process interacts dynamically to enhance adaptive functioning. This framework aligns well with psychedelic work: clients learn to *open up* to internal experiences, *defuse* from intrusive content, and *commit* to value-based living post-session. According to Pilecki and Morris[11], "acceptance is a core process for preparing clients for psychedelic experiences, while values and committed action interventions inform integration." The **DNA-V model** simplifies these processes into roles that clients can intuitively grasp[4]:

- **Discoverer (D):** explores novelty and experiments with new behavior.
- **Noticer (N):** mindfully attends to sensations, emotions, and thoughts.
- **Advisor (A):** internal dialogue representing learned rules or protective narratives.
- **Values (V):** enduring directions giving meaning to action.

In therapy, these roles cultivate *flexible strength*—the ability to persist toward values while adapting to changing contexts[4]. For example, during a psychedelic session, a client's Advisor might warn of danger; activating the Noticer promotes calm observation, while the Discoverer encourages gentle curiosity. Values act as a compass for reintegration. Together, ACT and DNA-V offer a coherent structure for fostering flexibility before, during, and after psychedelic work.

Internal Family Systems and Psychedelics

IFS conceptualizes the psyche as a system of *parts*—Managers, Firefighters, and Exiles—organized around a compassionate **Self** that can witness and lead[12]. Under psychedelics, this multiplicity becomes explicit: vivid subpersonalities, child states, or archetypes may surface. Recognizing them as *parts* normalizes and de-pathologizes these experiences. In MAPS MDMA protocols, IFS training has been adopted to help clients "follow the Self" during dosing and engage parts in post-session dialogue[2]. Such integration echoes ACT's *self-as-context*: both encourage observing without fusion. As Oh[10] notes, ACT's flexible experience of self supports the "transcendent experience of unity and ego-dissolution" often reported during psychedelic sessions. IFS thus provides a compassionate architecture for PAP: each part has a positive intention, even when maladaptive. By treating psychedelic-evoked imagery as parts communicating, therapists facilitate unburdening and Self-leadership rather than resistance.

Integrating DNA-V and IFS in Psychedelic Therapy

Merging DNA-V and IFS yields a structured yet flexible PAP model across three phases:

Preparation, **Dosing**, and **Integration**.

1. **Preparation—Aligning Values & Training Skills.**
   Clients identify values (V) and learn DNA-V roles. Parts mapping begins: protective Managers and anxious Advisors are acknowledged, their concerns validated. The client practices mindful noticing and self-dialogue, strengthening Noticer and Discoverer roles before the psychedelic experience.
2. **Dosing—Mindful Exploration of Parts.**
   During the session, the Noticer anchors presence, the Discoverer invites curiosity, and the Advisor provides context without domination. When Exiles surface with strong affect, the therapist encourages mindful observation and compassionate engagement. The Self leads; the therapist supports curiosity, safety, and value orientation.
3. **Integration—Meaning and Committed Action.**
   Post-session, insights are translated into daily life through values-based goals. Parts encountered during dosing are revisited through journaling or dialogue, honoring their messages. ACT exercises (defusion, acceptance) consolidate flexibility, while IFS techniques ensure each part's needs are acknowledged and harmonized.

This model positions ego-dissolution not as pathology but as a **window of neural and psychological plasticity** where new patterns can emerge[13]. DNA-V language gives clients accessible tools ("Let's notice," "Let's discover") for navigating inner multiplicity; IFS ensures these processes unfold within Self-led compassion.

Neuroscience and Transpersonal Psychology

Neuroimaging research demonstrates that classic psychedelics (psilocybin, LSD, DMT) disrupt the **default mode network (DMN)**—a neural hub for self-referential processing—correlating with **ego-dissolution** experiences[1, 3]. This dissolution parallels ACT's *self-as-context*: awareness beyond identification[5]. Reduced DMN integrity predicts mystical-type experiences associated with enduring increases in openness and cognitive flexibility[9]. From a psychological standpoint, psychedelics may amplify the Noticer role—heightened awareness—and momentarily loosen the Advisor's grip, allowing Exiles to express unmet needs safely under Self leadership. Ego-dissolution thus facilitates reconnection with neglected parts, expanding the system's flexibility. IFS research suggests trauma resolution improves when self-referential rumination diminishes. Psychedelics can create a **hyper-plastic** state where entrenched defensive parts soften, enabling deeper Self-contact. This intersection of **neural flexibility** and **psychological flexibility** defines the core therapeutic opportunity of PAP. The transpersonal dimension further aligns with Jung's concept of individuation[7] and Hawkins's *map of consciousness*[6], in which awareness evolves through attractor fields of emotion and insight. Ego-dissolution can be seen as temporary transcendence into higher attractor states—love, courage, acceptance—after which integration work grounds these insights into embodied values and behaviors.

CONCLUSION

Psychedelic-assisted therapy bridges neuroscience, psychotherapy, and spirituality, yet clinicians have lacked integrative frameworks that are both theoretically coherent and practically actionable. The **DNA-V/IFS model** addresses this gap by offering a comprehensive, developmentally informed map for navigating preparation, dosing, and integration phases. The synthesis operates on two levels. Conceptually, it links ACT's psychological flexibility with IFS's Self-leadership, providing a coherent framework for working with parts, values, and transpersonal states during altered consciousness. Operationally, **DNA-V provides the structured language for IFS dialogue itself**: rather than vague prompts to "ask your part," therapists can inquire what each part is *discovering, noticing, advising,* or *valuing*—transforming abstract parts work into concrete, accessible inquiry. This linguistic scaffold proves especially valuable in psychedelic states, where clients encountering intense internal multiplicity need clear communication pathways that bridge Self-leadership with moment-to-moment psychological flexibility.

Each component contributes distinct therapeutic value: DNA-V's accessible language empowers clients to engage their inner adolescents with curiosity and skill; IFS normalizes multiplicity and ensures all parts are welcomed with compassion; ACT anchors mystical or transpersonal insights in values-based behavioral change. Together, they create a framework that is teachable, flexible, and grounded in evidence-based processes. Future research should examine changes in psychological flexibility and parts dynamics following DNA-V/IFS-informed psychedelic interventions, ideally

correlated with neural measures such as DMN connectivity and self-referential processing. Training programs could incorporate integrated DNA-V and IFS modules to enhance therapist competence across PAP phases, with particular attention to real-time navigation of parts during dosing sessions. Ultimately, this synthesis honors both science and spirit—uniting developmental, experiential, and transpersonal psychology under one canopy of flexibility, compassion, and conscious evolution.

AUTHOR INFORMATION

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Editorial

A Major Turn in U.S. Drug Laws: Cannabis Rescheduling, Its Path Forward, Congressional Role, and What It Means for Psychedelics

Tyler Kjorvestad, MD

Major policy changes rarely happen overnight, especially on contentious issues like drug classification. On December 18, 2025, President Donald Trump issued an executive order for the U.S. Attorney General to expedite cannabis rescheduling from Schedule I to III under the Controlled Substances Act (CSA), the law that regulates controlled drugs [1]. This authority comes from the CSA, which establishes the legal framework for drug scheduling and allows the executive branch to initiate rescheduling through agencies. The order restarts a process that stalled under the prior administration, potentially transforming how cannabis is viewed nationwide. It directs Attorney General Pam Bondi to complete rulemaking quickly, including a shortened 30-day public comment period. This would finally recognize cannabis as having real medical benefits and less risk of abuse. This change comes as public opinion now strongly favors reform. Polls show more than two-thirds of Americans support legalization, and state-level cannabis industries rake in billions while facing federal barriers.
This move addresses criticism of cannabis's Schedule I status, which puts it with drugs deemed to have no medical value and high abuse potential [2]. Moving it to Schedule III aligns it with substances like ketamine, anabolic steroids, and codeine combinations, which have recognized medical uses and looser rules [3]. But what does this mean in practice? How did this happen without Congress? And what could this signal for other substances, such as psilocybin or MDMA, now showing potential in therapy?

The Roots of the Controlled Substances Act and Why Cannabis Got Stuck There

Understanding this rescheduling requires knowing the history of the Controlled Substances Act, passed in 1970 as part of President Nixon's "War on Drugs [4]." The CSA groups drugs into five schedules by factors like addiction risk, medical value, and safety. Schedule I is the most restrictive: substances here have no accepted U.S. medical use and a high potential for abuse, so they're off-limits except for tightly controlled research. Schedules II through V cover substances with declining risks; Schedule III includes those with moderate abuse risk and recognized medical use [5].

Cannabis was placed in Schedule I from the start, more due to politics and culture than science. In the 1960s and 1970s, marijuana was tied to countercultures and minority groups, making it a regulatory target [6]. The Schedule I label stayed, even as early research showed benefits for conditions like glaucoma or chemotherapy-induced nausea.
For years, this classification made research a nightmare, requiring special DEA approval and constant bureaucracy. Meanwhile, states diverged: California began medical cannabis in 1996; by 2025, 38 states had medical programs, and 24 also allowed recreational use. The industry now pulls in over $30 billion annually, but federally, it's still illegal, causing issues such as a lack of banking and steep IRS Section 280E taxes that block deductions for Schedule I businesses [7].

How We Got to This Point: The Timeline of Rescheduling Push

This recent rescheduling effort has a longer history. It began in October 2022, when President Joe Biden asked the Department of Health and Human Services (HHS) and the Attorney General to reexamine marijuana's scheduling based on scientific and medical considerations [8]. This directive responded to increasing calls from activists, researchers, and some conservatives who recognized economic benefits.

In August 2023, HHS (Department of Health and Human Services) wrapped up its review. At that point, they decided cannabis does have legit medical uses—for chronic pain, epilepsy, multiple sclerosis (MS), you name it—and its abuse risk isn't as bad as Schedule I suggests. They suggested bumping it to Schedule III, a first for the feds after years of ignoring the evidence [8]. After HHS's recommendation, the ball then went to the Drug Enforcement Administration (DEA), which handles scheduling.

In May 2024, the DEA published a proposed rule to reschedule cannabis, prompting a comment period with almost 43,000 responses, from industry support to anti-drug concerns. Critics worried about youth access and more impaired driving. Proponents argued that rescheduling would enable better-regulated markets and enhanced public safety, citing state regulations and education campaigns as federal models. The DEA set hearings for December 2024 to resolve disputes, but these stalled amid political shifts and internal debates.

Trump's December 18, 2025, executive order revitalized the process. It directs the Attorney General to complete rulemaking as quickly as possible, in compliance with legal requirements [9]. The order emphasizes advancing research on medical cannabis and CBD, along with addressing hemp issues. Notably, the public comment period was reduced from 60 days to just 30, expediting proceedings, though legal challenges from opponents are anticipated [8]. This order marks a shift from Trump's earlier, more cautious stance. That shift is likely influenced by economic considerations and bipartisan public opinion.

The Mechanics: How Rescheduling Happened Administratively

Rescheduling via the CSA is mostly a bureaucratic thing; no need for a full-blown law from Congress. It kicks off with a petition to the Drug Enforcement Administration (DEA)—from advocates or experts—or the agency can start it itself, or at the Department of Health and Human Services (HHS), or at the president's urging [4]. At the heart of this process is the HHS's eight-factor analysis, which provides a structured framework for review. These factors include the actual or relative potential for abuse, scientific evidence of its pharmacological effect, the state of current scientific knowledge regarding the substance, its history and current pattern of abuse, the scope, duration, and significance of abuse, what, if any, risk there is to public health, its psychic or physiological dependence liability, and whether the substance is an immediate precursor of a substance already controlled under the CSA. HHS conducts this deep dive into these eight factors, drawing on input from the Food and Drug Administration (FDA) and the National Institute on Drug Abuse (NIDA).

If the Department of Health and Human Services (HHS) decides to move forward, it will conduct a deep dive into these eight factors, drawing on input from the Food and Drug Administration (FDA) and the National Institute on Drug Abuse (NIDA). That means announcing it publicly, getting feedback, and maybe hearings for hot-button stuff [10]. After weighing in on comments, for cannabis,

Biden's HHS review provided scientific grounds, and the 2024 DEA proposal made it official. Trump's order instructed the AG (who oversees the DEA) to prioritize action [8]. Presidents can't reschedule directly, but they can prompt agencies—as Obama did for research and Biden did for review.

Key point: Congress isn't required for this. The CSA gives the Attorney General (via the DEA) the power to adjust based on new information, without a vote. But lawmakers could jump in to stop it or push further, for example, by descheduling it altogether in bills such as the Cannabis Administration and Opportunity Act. Trump's order does nod to working with Congress on hemp regulations, like THC caps, so there might be some legislative tie-ins elsewhere. However, it's important to note that moving cannabis to Schedule III would primarily ease taxes and research barriers. Federal criminal penalties, such as those related to possession, distribution, or online sales across state lines, remain largely intact, meaning users and businesses may still face legal challenges. Enforcement priorities could shift, focusing more on illegal operations that target youth or involve interstate trafficking, while reducing the focus on medical and regulated adult use. This narrow scope of relief should be acknowledged to temper expectations and project a balanced analysis.

Once done, rescheduling would loosen research restrictions, letting schools and drug companies study without the Schedule I hassle. It'd also scrap those 280E tax hits, saving the industry tons of money. A study from the Journal of the American Medical Association reported that after substances like MDMA and LSD were reclassified, there was a 50% increase in research publications, highlighting the potential boom in studies once cannabis is reclassified. Still, it wouldn't make recreational federal-legal; it'd stay regulated, with state ops in a weird limbo. State-legal cannabis businesses and users could benefit from reduced federal tax burdens and increased research opportunities, but they would continue to face challenges due to the federal status of cannabis. Risks remain for businesses operating legally under state law yet facing possible federal enforcement actions, restricted banking access, and obstacles in interstate commerce. Users might also encounter conflicts between state and federal law, especially when traveling across state lines or engaging with federal jurisdictions.

Looking Ahead: Implications for Psychedelic Substances.

The experience with cannabis may serve as a model for other Schedule I substances, particularly psychedelics such as psilocybin, MDMA, or LSD. These compounds have long been dismissed as recreational or countercultural drugs, but recent research indicates they may have therapeutic applications, such as for PTSD, depression, anxiety, and addiction, with psilocybin therapy showing high remission rates in certain cases of treatment-resistant depression.

Cannabis's move proves classifications can evolve with science [11]. The same HHS process could work for psychedelics. Petitions to reschedule psilocybin started in 2021, citing low abuse and therapy potential, much like cannabis's case [12]. MDMA ahead: In 2024, the FDA looked at Lykos Therapeutics' PTSD treatment bid, asking for more data instead of greenlighting, but if it passes, the DEA might reschedule just that version to III, as they did for synthetic THC while keeping natural weed in I. The outlook is favorable yet complex. Cannabis reclassification benefited from strong state-level industry advocacy, which is currently lacking for psychedelics. The advocacy for cannabis has been robust, propelled by its widespread medical use, the economic benefits observed at the state level, and an established industry lobby. In contrast, psychedelics are still emerging

from decades of stigma and lesser public and industry support, as their therapeutic benefits are more recent discoveries and not yet as widely accepted. These substances face additional hurdles in garnering advocacy support due to their niche applications and the lack of a significant commercial market akin to that of cannabis. Nevertheless, federal action is occurring: On November 28, 2025, the DEA increased production quotas for psilocybin, MDMA, and related compounds to facilitate research for PTSD and depression studies [13]. This mirrors earlier federal actions taken for cannabis prior to its rescheduling.

States are leading too. Oregon and Colorado have psilocybin programs for supervised use, decriminalizing therapy despite federal bans [12]. By 2025, 11 states rolled out "trigger laws" to legalize certain psychedelics if the feds reschedule, with three already in law [12]. It's like cannabis, where local changes forced national shifts—one expert put it as "states driving the bus, not waiting for federal okay. The pharmaceutical sector is positioned to benefit. The rescheduling of cannabis has enabled the FDA to consider cannabinoid-based medications, assisting companies such as Jazz Pharmaceuticals with their CBD-based epilepsy drug [14]. For psychedelics, regulatory changes may favor approved and patented formulations over natural products, potentially limiting competition and access if exclusivities are established around proprietary substances such as Compass Pathways' version of psilocybin [12]. This could result in increased costs and restricted availability. Taxation and access to financial services remain significant concerns. Operators in the psychedelics sector would be subject to IRS Section 280E restrictions until federal rescheduling is achieved, which is especially challenging given the resource-intensive nature of psychedelic-assisted therapy. Additionally, regulatory priorities and law enforcement practices could shift due to changes in the political landscape.

Overall, if cannabis trends hold, psychedelics might be rescheduled by 2030 with more data. Groups like MAPS see cannabis as a "win that resets old biases," smoothing the way [15]. But full descheduling? That might need Congress, since the admin changes focus on meds rather than rec or cultural uses [12].

Hurdles and What's Next

Of course, it's not all smooth sailing. Critics say rescheduling might spike misuse, pointing to links between cannabis and psychosis in some research [16]. However, to address these valid concerns about public health, measures such as implementing strict age limits on purchases, enforcing marketing regulations to prevent targeting minors, and setting rigorous quality controls could serve as safeguards. Additionally, enhanced education campaigns that promote safe use practices and potential risks could help mitigate misuse. Court fights are expected, which could slow things down. Opponents might challenge the rescheduling on grounds such as administrative procedure violations or statutory interpretation disputes. For instance, they could argue that the rescheduling process did not adequately account for public health risks or that it bypassed necessary legislative steps. For psychedelics, the FDA remains cautious about trials and long-term risks.

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