

CFRP Free Download Pdf & Exam CFRP Reviews

特集 フィラー、添加剤と機能性材料

CFRP 材料の燃焼性

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1. はじめに

カーボンファイバー強化プラスチック (CFRP) は、軽量かつ高強度であることから、金属代替部材として、急速に用途を拡大している¹⁾。しかしながら、多量採用の一方に安全性への懸念があり、特にマトリックスが高分子材料であるため燃焼に対する配慮が必要となる²⁾。なぜなら、CFRP のマトリックス材料は、多くがエポキシやフェノールなどの熱硬化性樹脂材料を使用しており、樹脂であるため燃焼時には溶融物が放出し、延焼面積を拡大しつつ燃焼する傾向がある。そこで、本稿では、その懸念を安心に変えるため、まずは現象把握から開始した。具体的には、CFRP の構成材料とそれら複合物の基本的燃焼特性を測定した結果を報告する。その燃焼挙動は、輻射熱によるスパーク着火、火炎による着火、およびそれらの燃焼を測定した。このような Multi Layer Research というあらゆる側面から基本的な燃焼挙動を測定することにより、燃焼現象を多面的に把握することで、燃焼メカニズムを把握し、安全性を応用することを目的とする。

2. 実験

(1) 材料

基本特性を見るために CFRP (エポキシ樹脂+カーボンファイバー) の構成材料であるエポキシ樹脂 (EPO) とカーボンファイバー (CF) とに対して、難燃性を観察した。また、CFRP の比較材料として FR-CFRP (難燃化エポキシ樹脂+CF) に対する観察も実施した。表 1 に材料一覧と図 1 に構造式を示す。これらの材料を成形し、厚み 0.5 mm のシートを得た。CF の表面処理はしていない。

表 1. 試験

	Control-1	Control-2	Sample-1	Sample-2
Carbon Fiber CF 7200 (Tensar)	100	90	50	
Resin EPO 43-4		100	90	50
Epoxy resin (Epoxy-4)				
Carbon fiber CEL 2000 (Dow Corning)				20
Resin EPO 43-4 (Dow Corning)				50
CF fabric				



図 1. 構造図

(2) 試験方法

燃焼における Multi Layer Research 系統を図 2 に示す。その中から火炎と輻射熱の代表的な試験を実施した。

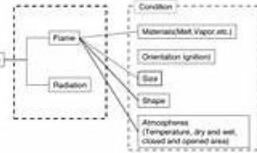


図 2. Multi Layer Research 系統図

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Psychiatric Rehabilitation Association Certified Child and Family Resiliency Practitioner (CFRP) Sample Questions (Q39-Q44):

NEW QUESTION # 39

Practitioners play a critical role as members of a treatment team. This role includes

- A. recommending discontinuation of medications.
- B. providing subjective assessment of medication side-effects.
- **C. supporting family communication about medication concerns.**
- D. managing medication to ensure compliance.

Answer: C

Explanation:

In the CFRP framework, professional role competencies emphasize the practitioner's role within a treatment team, which includes facilitating family-driven care. Practitioners support family communication about medication concerns, helping families express questions and preferences to medical professionals. The CFRP study guide states, "As treatment team members, practitioners play a critical role in supporting family communication about medication concerns, ensuring families are informed and engaged." Managing medication (option B) or recommending discontinuation (option D) falls to medical professionals, not CFRP practitioners. Providing subjective assessments of side-effects (option C) is not a primary role, as this requires clinical expertise beyond the practitioner's scope.

* CFRP Study Guide (Section on Professional Role Competencies): "Practitioners contribute to treatment teams by supporting family communication about medication concerns, fostering informed decision-making." References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Professional Role Competencies, Treatment Team Roles.

Psychiatric Rehabilitation Association (PRA) Guidelines on Collaborative Care.

NEW QUESTION # 40

A practitioner engages and interacts in ways that invite a curious exploration of potential. This is an example of which of the following approaches?

- A. Family-based
- B. Culture-based
- **C. Strength-based**
- D. Individual-based

Answer: C

Explanation:

The CFRP framework emphasizes a strength-based approach within strategies for facilitating recovery, which involves engaging individuals in ways that highlight their potential and encourage exploration of possibilities.

A practitioner inviting a curious exploration of potential exemplifies a strength-based approach, focusing on the child's or family's capabilities and aspirations. The CFRP study guide notes, "A strength-based approach involves engaging and interacting in ways that invite a curious exploration of potential, empowering individuals to discover their strengths." Culture-based (option A) focuses on cultural contexts, individual-based (option C) is less specific, and family-based (option D) emphasizes family dynamics rather than potential exploration.

* CFRP Study Guide (Section on Strategies for Facilitating Recovery): "Engaging in ways that invite a curious exploration of potential is a hallmark of the strength-based approach, fostering empowerment through discovery of strengths." References: CFRP Study Guide, Section on Strategies for Facilitating Recovery, Strength-Based Practices.

Psychiatric Rehabilitation Association (PRA) Guidelines on Strengths-Based Interventions.

NEW QUESTION # 41

A caregiver is requesting a decrease in service hours. What is the practitioner's FIRST course of action?

- **A. Discuss with the caregiver the reason for the request.**
- B. Encourage the caregiver to continue with the current service plan.

- C. Consult with a colleague about how to proceed with the caregiver.
- D. Seek supervision about the caregiver's resistance to service.

Answer: A

Explanation:

In the CFRP framework, person-centered and family-driven planning is critical within the domain of Assessment, Planning, and Outcomes. When a caregiver requests a change, such as a decrease in service hours, the practitioner's first step is to engage in open communication to understand the caregiver's perspective and reasons for the request. The CFRP study guide emphasizes that "practitioners should initiate discussions with caregivers to explore their needs, preferences, and concerns to ensure services align with family goals." Encouraging continuation of the current plan (option A) without discussion disregards family-driven principles. Seeking supervision (option C) or consulting a colleague (option D) may be appropriate later, but these are not the first steps, as they bypass direct engagement with the caregiver.

* CFRP Study Guide (Section on Assessment, Planning, and Outcomes): "When caregivers request changes to service plans, the practitioner's first action is to discuss the reasons for the request, ensuring that services remain family-driven and aligned with their needs." References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Assessment, Planning, and Outcomes, Family-Driven Planning

Psychiatric Rehabilitation Association (PRA) Guidelines on Person-Centered Planning

NEW QUESTION # 42

SMART goals stands for:

- A. Specific, Measurable, Achievable, Realistic, Time Bound
- B. Simple, Measurable, Achievable, Realistic, Therapeutic
- C. Specific, Measurable, Accurate, Realistic, Time Bound
- D. Simple, Measurable, Accurate, Realistic, Therapeutic

Answer: A

Explanation:

The Assessment, Planning, and Outcomes domain emphasizes creating effective, goal-oriented service plans. The PRA CFRP Study Guide 2024-2025 defines SMART goals as Specific, Measurable, Achievable, Realistic, and Time Bound, ensuring goals are clear, trackable, and feasible within a set timeframe.

Option D (Specific, Measurable, Achievable, Realistic, Time Bound) is correct, as it matches the PRA's standard definition of SMART goals used in psychiatric rehabilitation planning. This framework ensures goals are tailored to the child's needs and progress can be evaluated.

Option A (Specific, Measurable, Accurate, Realistic, Time Bound) is incorrect because "Accurate" is not part of the SMART acronym per PRA guidelines.

Option B (Simple, Measurable, Achievable, Realistic, Therapeutic) is incorrect because "Simple" and "Therapeutic" are not components of the SMART framework.

Option C (Simple, Measurable, Accurate, Realistic, Therapeutic) is incorrect for the same reasons, combining non-standard terms.

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Psychiatric Rehabilitation Association, CFRP Study Guide 2024-2025, Section on Assessment, Planning, and Outcomes: Goal Setting

PRA Certification Candidate Handbook, Competency Domain 4: Assessment, Planning, and Outcomes.

PRA Code of Ethics, Principle 5: Effective Planning

NEW QUESTION # 43

Community-based programs are especially beneficial for transition-age youth because they provide

- A. jobs for youth once they become adults and are ready for work.
- B. stress-free environment for socialization without adult interference.
- C. support, structure, and models for positive social norms.
- D. help with homework in subjects that parents do not understand.

Answer: C

Explanation:

In the CFRP framework, transition-age youth services emphasize the role of community-based programs in supporting youth development. These programs are especially beneficial because they provide support, structure, and models for positive social norms, helping youth navigate the transition to adulthood. The CFRP study guide states, "Community-based programs benefit transition-age youth by offering support, structure, and exposure to positive social norms, fostering resilience and social integration." Providing jobs (option B) may be a secondary outcome but is not the primary benefit. Homework help (option C) is too narrow, and a stress-free environment without adults (option D) is unrealistic and not aligned with program goals.

* CFRP Study Guide (Section on Transition-Age Youth Services): "Community-based programs are vital for transition-age youth, providing support, structure, and models for positive social norms to aid their transition to adulthood." References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Transition-Age Youth Services, Community-Based Support.

Psychiatric Rehabilitation Association (PRA) Guidelines on Youth Community Integration.

NEW QUESTION # 44

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