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The Predicted and Experimental Natural Modes of Free-Free CFRP Plates

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ABSTRACT

This paper describes an investigation into the natural modes of free-free laminated composite plates. Theoretical and experimental natural frequencies and mode shapes are presented for the first six flexural modes of a square aluminium plate and for square CFRP plates of different ply orientations; results are also given for a trapezoidal CFRP plate. The theoretical predictions were made by using an 8-node, 40 degree of freedom shell finite element which allows for transverse shear deformation. The agreement between theoretical and experimental frequencies is good, the worst error being 6.3 per cent. The results indicate that the element provides a useful tool in the analysis of laminated composite structures.

SCOPE

THIS PAPER DESCRIBES a series of tests performed in order to test the accuracy of the prediction of the natural frequencies and mode shapes of laminated composite plates made using the 8-node, 40 degree of freedom finite element described by Zienkiewicz et al. [1, 2]. The element has the advantage that it can readily accommodate irregular boundary shapes and is generalisable to a shell element. It also allows transverse shear deformation, which can be important with highly anisotropic materials at much higher length to thickness ratios than with isotropic materials. [3]. The element formulation retains the assumption that plane sections remain plane but does not make the Kirhoff assumption that normals to the middle surface remain normal. The element thus allows for transverse shear deformation in a manner similar to that of Mindlin. [4] Sun and Whitney [5] have shown that this approach gives accurate results for the lower flexural modes of vibration with laminates of, for example, CFRP where the transverse shear moduli

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Psychiatric Rehabilitation Association Certified Child and Family Resiliency Practitioner (CFRP) Sample Questions (Q18-Q23):

NEW QUESTION # 18

Empathy is

- A. being concerned with the well-being of another.
- B. feeling pity or sorrow for someone's misfortune.
- C. sharing a similar experience with someone else.
- D. **understanding a person on a cognitive and emotional level.**

Answer: D

Explanation:

Interpersonal competencies in the CFRP framework highlight empathy as a key skill for building therapeutic relationships. Empathy is defined as understanding a person on both a cognitive (intellectual comprehension) and emotional (feeling with) level, enabling deep connection. The CFRP study guide states, "Empathy involves understanding a person on a cognitive and emotional level, fostering trust and validation in interactions." Feeling pity (option A) describes sympathy, not empathy. Sharing experiences (option C) is not required for empathy, and concern for well-being (option D) is too broad.

* CFRP Study Guide (Section on Interpersonal Competencies): "Empathy is the ability to understand a person on both cognitive and emotional levels, creating a foundation for trustful relationships." References:

CFRP Study Guide, Section on Interpersonal Competencies, Empathy in Practice.

Psychiatric Rehabilitation Association (PRA) Guidelines on Therapeutic Communication.

NEW QUESTION # 19

The system of care model emphasizes the importance of a strengths-based, empathetic, nonjudgmental approach to a:

- A. **Collaborative partnership.**
- B. Congenial relationship.
- C. Family practice.
- D. Provider alliance.

Answer: A

Explanation:

The Systems Competencies domain underscores the system of care model, which prioritizes collaborative, family-centered approaches. The PRA CFRP Study Guide 2024-2025 defines a collaborative partnership as a strengths-based, empathetic, and nonjudgmental relationship between practitioners, families, and other stakeholders to support the child's recovery.

Option A (Collaborative partnership) is correct because the PRA framework emphasizes partnerships that empower families and integrate services, aligning with the system of care principles.

Option B (Congenial relationship) is incorrect because "congenial" implies friendliness but lacks the depth of collaboration required by the PRA.

Option C (Family practice) is incorrect because this term refers to medical practice, not the system of care model.

Option D (Provider alliance) is incorrect because it focuses on providers, not the family-centered partnership central to the PRA guidelines.

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Psychiatric Rehabilitation Association, CFRP Study Guide 2024-2025, Section on Systems Competencies: System of Care Model.

PRA Certification Candidate Handbook, Competency Domain 6: Systems Competencies.

PRA Code of Ethics, Principle 2: Family-Centered Practice.

NEW QUESTION # 20

According to the Adverse Childhood Experience (ACE) Study, adverse childhood experiences can BEST be reversed by

- A. a consistent nurturing person.
- B. a biological family member.
- C. ongoing therapeutic interventions.
- D. residential treatment programs.

Answer: A

Explanation:

In the CFRP framework, supporting health and wellness includes addressing the impacts of adverse childhood experiences (ACEs) as identified in the ACE Study. The study emphasizes that the presence of a consistent nurturing person, such as a supportive caregiver or mentor, is the most effective way to mitigate the long-term effects of ACEs by fostering resilience and emotional security. The CFRP study guide states, "According to the ACE Study, the effects of adverse childhood experiences are best reversed by a consistent nurturing person who provides emotional support and stability." A biological family member (option B) is not necessarily required, as the key is nurturing support. Residential treatment (option C) and ongoing therapy (option D) may help but are less impactful than a nurturing relationship.

* CFRP Study Guide (Section on Supporting Health and Wellness): "The ACE Study highlights that a consistent nurturing person is the most effective means to reverse the impacts of adverse childhood experiences, promoting resilience through stable support."

References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Supporting Health and Wellness, Adverse Childhood Experiences.

Psychiatric Rehabilitation Association (PRA) Guidelines on Trauma Recovery.

NEW QUESTION # 21

A barrier to participating in services that is MOST often identified by family members is the lack of

- A. knowledge and understanding.
- B. practitioner resources.
- C. practitioner empathy.
- D. time and energy.

Answer: D

Explanation:

Community integration in the CFRP framework involves addressing barriers to family engagement in services. Family members most frequently identify a lack of time and energy as the primary barrier, due to competing demands such as work, caregiving, and other responsibilities. The CFRP study guide notes, "The most commonly cited barrier to participating in services, according to family members, is a lack of time and energy, driven by the demands of daily life." Lack of practitioner resources (option A) or empathy (option C) may be concerns but are less frequently reported. Knowledge and understanding (option B) is a barrier but secondary to the practical constraints of time and energy.

* CFRP Study Guide (Section on Community Integration): "Family members most often identify a lack of time and energy as the primary barrier to participating in services, reflecting the challenges of balancing multiple responsibilities." References:

CFRP Study Guide, Section on Community Integration, Barriers to Engagement.

Psychiatric Rehabilitation Association (PRA) Guidelines on Family-Centered Service Access.

NEW QUESTION # 22

To encourage a child's self-worth, a practitioner needs to

- A. demonstrate empathy.
- B. identify the child's emotions.
- C. display sympathy.
- D. reinforce the child's perception.

Answer: A

Explanation:

Encouraging a child's self-worth is a critical strategy for facilitating recovery in the CFRP framework.

Demonstrating empathy, which involves understanding and validating the child's feelings, fosters a sense of value and self-worth. The

CFRP study guide notes, "To encourage a child's self-worth, practitioners must demonstrate empathy, showing genuine understanding of the child's experiences to build their sense of value." Identifying emotions (option A) is a step but less impactful than empathy. Reinforcing perception (option B) may not always be positive, depending on the child's self-view. Displaying sympathy (option D) involves pity and is less empowering than empathy.

* CFRP Study Guide (Section on Strategies for Facilitating Recovery): "Demonstrating empathy is essential for encouraging a child's self-worth, as it validates their experiences and promotes a sense of value and self-esteem" References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Strategies for Facilitating Recovery, Self-Worth Building.

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

NEW QUESTION # 23

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