As the older adult population grows in numbers, the need for therapists who are prepared to treat late-life anxiety will also increase. One particular area where attention is needed is fall accidents: injurious falls are among the most common potentially traumatic events of later life. They involve bodily harm, and some older adults may believe during the fall accident that their lives are threatened. As a result, fall-related injury can lead to anxiety so severe that it interferes with important aspects of recovery (full participation in physical rehabilitation, family and social relationships, and resumption of valued activities). This presentation will introduce an exposure-based Cognitive Behavioral Therapy (CBT) protocol ('Back on My Feet'), which is one of the first study interventions to specifically address emotional recovery from fall injury. The therapist-led intervention is delivered at home over eight 75-minute sessions to participants who have been discharged from the hospital/sub-acute rehabilitation back to the community. It is designed for individuals with Posttraumatic Stress Disorder (PTSD), sub-threshold PTSD, or Specific Phobia (Fear of Falling). Participants with these anxiety conditions tend to use avoidance as a coping strategy to control physiological arousal and intrusive thoughts (memories of their fall accident or worries about falling again). The study intervention focuses on application of CBT techniques to reduce the core symptoms of avoidance, arousal, and re-experiencing. A feasibility trial is underway which, as of this writing, has enrolled 10 subjects (90% female, mean age 78.2, range 60-89 years). This presentation will provide an overview of the structure and content of the protocol. Because older adults are not just chronologically older versions of younger patients (on whom the majority of evidenced-based CBT treatments are based), attention will be given in the presentation to the adaptations needed for working with an older and injured population. The protocol’s use of CBT techniques will be illustrated through case examples. Preliminary findings on the acceptability (participants’ feedback) and impact (reduction in anxiety) will also be summarized. We believe that the approach provides one promising direction for ways in which CBT therapists can be involved in multidisciplinary efforts to optimize outcomes for older injured populations.